



HUMAN RESOURCES DEPARTMENT
FORT BEND COUNTY, TEXAS

Kent M. Edwards, PHR
Director of Human Resources

TO: Judge Robert Hebert
Commissioner Richard Morrison
Commissioner Grady Prestage
Commissioner Andy Meyers
Commissioner James Patterson

FROM: Kathy Novosad
Human Resources Generalist

SUBJECT: Commissioners Court Agenda Item
Withdrawal Application, Shared Sick Leave Pool
For March 26, 2013

DATE: March 12, 2013

As provided by the Fort Bend County Employee Information Manual Section 712, Shared Sick Leave Pool, the administrative committee of the Pool is submitting this request for the Commissioners Court agenda. The committee has reviewed the withdrawal applications and finds the employees to be eligible to withdraw hours from the Pool. The committee recommends withdrawal as follows:

Employee of Juvenile Probation, Position # 5751-0010	120 hours
Employee of Indigent Health Care, Position # 6401-0008	26 hours
Employee of Facilities, Position # 4181-0009	224 hours

Please contact Kathy Novosad at 281-341-8624 if you have any questions.

FORT BEND COUNTY
SHARED SICK LEAVE POOL WITHDRAWAL FORMTO: Shared Sick Leave Pool Administrator
c/o Human Resources DepartmentFROM: _____ DEPARTMENT NAME: Juvenile ProbationDATE: 3-8-13

SUBJECT: Withdrawal from Shared Sick Leave Pool

I am requesting approval to withdraw sick leave from the Shared Sick Leave Pool for the purpose of covering time spent away from work due to my serious medical condition. I estimate that the amount of sick leave needed will be 120 hours.

I am a member of the Shared Sick Leave Pool, having made the minimum donation of 8 hours of sick leave. I understand that I must first exhaust all of my own accrued sick and vacation leave prior to withdrawing from the Pool. I also understand that I must meet the criteria as specified in Section 712, Shared Sick Leave Pool, of the Employee Information Manual, in order to withdraw from the Pool.

I have attached the FMLA form *Certification of Health Care Provider* in support of my request.

Requestor's Sig _____ Date: 3-8-2013Department Head Signature: J.C. White Date: 3-8-2013

For Pool Admin Use Only	
Date of committee review:	
Court approval date:	
Payroll notified:	
Department notified:	
Employee notified:	

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FORT BEND COUNTY EMPLOYEE INFORMATION MANUAL

FORT BEND COUNTY
SHARED SICK LEAVE POOL WITHDRAWAL FORMTO: Shared Sick Leave Pool Administrator
c/o Human Resources Department

FROM:

DEPARTMENT NAME:

Indigent

DATE:

3-8-13

SUBJECT: Withdrawal from Shared Sick Leave Pool

I am requesting approval to withdraw sick leave from the Shared Sick Leave Pool for the purpose of covering time spent away from work due to my serious medical condition. I estimate that the amount of sick leave needed will be 25.75 hours.

I am a member of the Shared Sick Leave Pool, having made the minimum donation of 8 hours of sick leave. I understand that I must first exhaust all of my own accrued sick and vacation leave prior to withdrawing from the Pool. I also understand that I must meet the criteria as specified in Section 712, Shared Sick Leave Pool, of the Employee Information Manual, in order to withdraw from the Pool.

I have attached the FMLA form *Certification of Health Care Provider* in support of my request.

Requestor's Sig:

Date:

3-8-13

Department Head Signature:

Karl G. Lewis

Date:

3/8/13

For Pool Admin Use Only	
Date of committee review:	
Court approval date:	
Payroll notified:	
Department notified:	
Employee notified:	

FORT BEND COUNTY
SHARED SICK LEAVE POOL WITHDRAWAL FORM

TO: Shared Sick Leave Pool Administrator
c/o Human Resources Department

FROM: _____ DEPARTMENT NAME: Facilities

DATE: 3/12/13

SUBJECT: Withdrawal from Shared Sick Leave Pool

I am requesting approval to withdraw sick leave from the Shared Sick Leave Pool for the purpose of covering time spent away from work due to my serious medical condition. I estimate that the amount of sick leave needed will be 224 hours.

I am a member of the Shared Sick Leave Pool, having made the minimum donation of 8 hours of sick leave. I understand that I must first exhaust all of my own accrued sick and vacation leave prior to withdrawing from the Pool. I also understand that I must meet the criteria as specified in Section 712, Shared Sick Leave Pool, of the Employee Information Manual, in order to withdraw from the Pool.

I have attached the FMLA form *Certification of Health Care Provider* in support of my request.

Requestor's Signature: _____ Date: 3-12-13

Department Head Signature: [Signature] Date: 3-12-13

For Pool Admin Use Only	
Date of committee review:	
Court approval date:	
Payroll notified:	
Department notified:	
Employee notified:	

Current Position:	4181-0009
Length of Service:	11y11m
Date began FMLA:	2/15/2013
FMLA hrs remaining	320
Sick Leave used:	140
Vacation used:	77
Comp Used:	0.00
Prev Pool Withdraw	0

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