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

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

FORT BEND COUNTY SHARED SICK LEAVE POOL WITHDRAWAL FORM

TO:	Shared Sick Leave Pool A c/o Human Resources Dep				
FROM:	· · · · · · · · · · · · · · · · · · ·		ENT NAN	ne: Juvenile	Probation
DATE:	3-8-13				
SUBJECT:	Withdrawal from Shared S	lick Leave Pool			
purpose of cov	ng approval to withdraw sick vering time spent away fron the amount of sick leave nee	n work due to m	y serious n	nedical condition.	
hours of sick l vacation leave criteria as spec	r of the Shared Sick Leave eave. I understand that I me prior to withdrawing from cified in Section 712, Sharedanual, in order to withdraw	ust first exhaust the Pool. I also d Sick Leave Po	all of my o	own accrued sick and that I must meet t	nd
I have attached request.	d the FMLA form Certifica	tion of Health C	'are Provia	<i>ler</i> in support of my	7
Requestor's Si	ig	· · · · · · · · · · · · · · · · · · ·	Date:	3-8-2013	_
Department Ho	ead Signature:	hitle_	Date:	3-8-2013 3-8-2013	<u>).</u>
For Pool	Admin Use Only				
Date of comm	ittee review:				
Court approva	l date:			<i><u>\$₫₩</u>₹₽</i> ₽₽ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩	
Payroll notifie	d:			MAR 11 13 PMC	ari . Lari
Department no		-			
Employee noti	fied:				
		7			

FORT BEND COUNTY EMPLOYEE INFORMATION MANUAL

FORT BEND COUNTY SHARED SICK LEAVE POOL WITHDRAWAL FORM

TO:	Shared Sick Leave Pool Administrator c/o Human Resources Department
FROM:	DEPARTMENT NAME: Tradiger
DAŢE:	3-8-13
SUBJECT:	Withdrawal from Shared Sick Leave Pool
purpose of co	ng approval to withdraw sick leave from the Shared Sick Leave Pool for the vering time spent away from work due to my serious medical condition. I the amount of sick leave needed will be <u>25.75</u> hours.
hours of sick l vacation leave criteria as spec	er of the Shared Sick Leave Pool, having made the minimum donation of 8 leave. I understand that I must first exhaust all of my own accrued sick and prior to withdrawing from the Pool. I also understand that I must meet the cified in Section 712, Shared Sick Leave Pool, of the Employee fanual, in order to withdraw from the Pool.
I have attache request.	d the FMLA form Certification of Health Care Provider in support of my
Requestor's S	ead Signature: Tail G Leire Date: 3/8/13
Department H	ead Signature: Tail G Levier Date: 3/8/13
For Pool	Admin Use Only
Date of comm	ittee review:
Court approva	1 date:
Payroll notifie	d:
Department no	otified:
Employee noti	ified:
	1 1

FORT BEND COUNTY SHARED SICK LEAVE POOL WITHDRAWAL FORM

Shared Sick Leave Pool Administrator

,	c/o Human Resources Depa	artment
FROM:		DEPARTMENT NAME: Facilities
DATE:	3/12/13	
SUBJECT:	Withdrawal from Shared Si	ck Leave Pool
purpose of cov		leave from the Shared Sick Leave Pool for the work due to my serious medical condition. I ded will be 224 hours.
hours of sick le vacation leave criteria as spec	eave. I understand that I mu prior to withdrawing from t	Pool, having made the minimum donation of 8 ast first exhaust all of my own accrued sick and the Pool. I also understand that I must meet the I Sick Leave Pool, of the Employee from the Pool.
I have attached request.	l the FMLA form Certificati	ion of Health Care Provider in support of my
Requestor's Si	gnature:	Date: <u>3-12-13</u>
Department He	ead Signature:	Date: 3-12-13
For Pool	Admin Use Only	

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

TO:

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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