



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 October 8, 2013

DATE: October 1, 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 application and finds the employee to be eligible to withdraw hours from the Pool. The committee recommends withdrawal as follows:

**Employee of the Library, Position # 6501-0070 240 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 Administrator  
c/o Human Resources Department

FROM: \_\_\_\_\_ DEPARTMENT NAME: 6501C

DATE: 9-24-2013

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 240 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: 9-24-2013

Department Head Signature: Clara J. Russell Date: 9/25/13

For Pool Administrator Use Only

Date of committee review: <u>9/30/13</u>	Self-enrolled or EBO	SELF
	Member Since	2011
Court approval date: _____	Current Position	6501-0070
	Length of Service	6Y2M
Payroll notified: _____	Date Began FMLA	9/30/2013
	FMLA Time Remaining	408
Department notified: _____	Sick Leave Used	35
	Vacation Used	40
Employee notified: _____	Comp/Deferred/Other Used	0
	Previous Pool Withdrawal	none