



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 May 6, 2014

DATE: April 22, 2014

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 Road and Bridge, Position # 6111-0041                      232 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: Road & Bridge

DATE: 4-15-14

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 ~~480~~ <sup>232</sup> hours. 8 to 12 weeks

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.

*Previous withdrawal 200  
Pool max = 432*

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

Requestor's Signature: \_\_\_\_\_ Date: 4-15-14

Department Head Signature: Man A. R. A. Date: 4/16/14

For Pool Administrator Use Only

|                                                |  |                          |            |
|------------------------------------------------|--|--------------------------|------------|
| Date of committee review:<br><u>04/21/2014</u> |  | Self-enrolled or EBO     | self       |
|                                                |  | Member Since             | 2009       |
| Court approval date:                           |  | Current Position         | 6111-0041  |
|                                                |  | Length of Service        | 7y11m      |
| Payroll notified:                              |  | Date Began FMLA          | 02/03/2014 |
|                                                |  | FMLA Time Remaining      | 40         |
| Department notified:                           |  | Sick Leave Used          | 113        |
|                                                |  | Vacation Used            | 120        |
| Employee notified:                             |  | Comp/Deferred/Other Used | 80         |
|                                                |  | Previous Pool Withdrawal | 200 (2014) |