



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 August 5, 2014

DATE: July 21, 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 District Clerk's Office, Position # 4501-0005**

**64 hours**

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

Kathy Howard - 281-341-8615

## FORT BEND COUNTY EMPLOYEE INFORMATION MANUAL

FORT BEND COUNTY  
SHARED SICK LEAVE POOL WITHDRAWAL FORMTO: Shared Sick Leave Pool Administrator  
c/o Human Resources DepartmentFROM: \_\_\_\_\_ DEPARTMENT NAME: DISTRICT CLERKS OFFICEDATE: JULY 14, 2014

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 64 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: 07-17-2014Department Head Signature: Emily MastenDate: 07-14-2014

## For Pool Administrator Use Only

Date of committee review: <u>04/21/2014</u>		Self-enrolled or EBO	EBO
		Member Since	2009
Court approval date: _____		Current Position	4501-0005
		Length of Service	18y11m
Payroll notified: _____		Date Began FMLA	06/23/2014
		FMLA Time Remaining	344
Department notified: _____		Sick Leave Used	8
		Vacation Used	55
Employee notified: _____		Comp/Deferred/Other Used	0
		Previous Pool Withdrawal	0