

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 12, 2014

DATE: August 7, 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 Public Transportation, Position # 6101-0014 51 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: Public Transportation

DATE: 7/24/14

SUBJECT: Withdrawal from Shared Sick Leave Pool

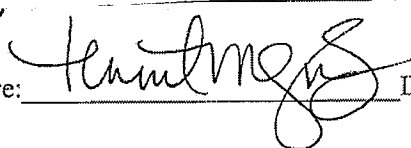
I am requesting approval to withdraw sick leave from the Shared Sick Leave Pool for the purpose of covering time spent away from work due to my serious medical condition. I estimate that the amount of sick leave needed will be ~~20~~ hours. 50.7 hours

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: 7/24/14

Department Head Signature: 

Date: 7/24/14

For Pool Administrator Use Only

Date of committee review: <u>08/4/2014</u>		Self-enrolled or EBO	Self
		Member Since	2014
Court approval date: _____		Current Position	6101-0014
		Length of Service	2y4m
Payroll notified: _____		Date Began FMLA	03/07/2014
		FMLA Time Remaining	16
Department notified: _____		Sick Leave Used	92
		Vacation Used	44
Employee notified: _____		Comp/Deferred/Other Used	0
		Previous Pool Withdrawal	231