



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 September 23, 2014

DATE: September 15, 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 employees to be eligible to withdraw hours from the Pool. The committee recommends withdrawal as follows:

Employee of Clinical Health Services, Position # 6301-0036	14 hours
Employee of Sheriff's Office, Position # 5601-0721	215 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: FBCCHS

DATE: 9/11/2014

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 13.85 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: 9/11/2014

Department Head Signature: [Signature] Date: 9/12/14

For Pool Administrator Use Only

Date of committee review: <u>08/4/2014</u>	Self-enrolled or EBO	EBO
	Member Since	2009
Court approval date: _____	Current Position	6301-0036
	Length of Service	7y4m
Payroll notified: _____	Date Began FMLA	08/28/2014
	FMLA Time Remaining	430
Department notified: _____	Sick Leave Used	7
	Vacation Used	13
Employee notified: _____	Comp/Deferred/Other Used	14
	Previous Pool Withdrawal	0

**FORT BEND COUNTY
SHARED SICK LEAVE POOL WITHDRAWAL FORM**

TO: Shared Sick Leave Pool Administrator
c/o Human Resources Department

FROM: _____ DEPARTMENT NAME: FBCCSO - Detention

DATE: 9.10.14

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 maximum hours. 215

I understand that I must first exhaust all of my own accrued leave, including sick, vacation, compensatory, and deferred leave prior to withdrawing from the Pool. I also understand that withdrawal from the Pool is subject to limitations and the terms and conditions specified in Section 712, Shared Sick Leave Pool, of the Employee Information Manual.

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

Requestor's Signature: _____ Date: 9.10.14

Department Head Signature: [Signature] Date: 09.10.14

For Pool Administrator Use Only

Date of committee review:	Self-enrolled or EBO	<u>Self</u>
	Member Since	<u>2013</u>
Court approval date:	Current Position	<u>5601-8721</u>
	Length of Service	<u>4y 9m</u>
Payroll notified:	Date Began FMLA	<u>4/18/14</u>
	FMLA Time Remaining	<u>0</u>
Department notified:	Sick Leave Used	<u>109</u>
	Vacation Used	<u>104</u>
Employee notified:	Comp/Deferred/Other Used	<u>80</u>
	Previous Pool Withdrawal	<u>225</u>

8306