

FORT BEND COUNTY
SHARED SICK LEAVE POOL WITHDRAWAL FORM

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

FROM: _____ DEPARTMENT NAME: Fort Bend CSCD

DATE: February 26, 2015

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 ~~60~~ ⁶⁴ hours.

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: 02/26/15

Department Head Signature: Michael Emery Date: 2/27/15

For Pool Administrator Use Only

Date of committee review:	Self-enrolled or EBO	EBO
	Member Since	2009
Court approval date:	Current Position	5701-0022
	Length of Service	13y 7m
Payroll notified:	Date Began FMLA	3-9-15
	FMLA Time Remaining	
Department notified:	Sick Leave Used	3
	Vacation Used	32
Employee notified:	Comp/Deferred/Other Used	0
	Previous Pool Withdrawal	0