

FORT BEND COUNTY EMPLOYEE INFORMATION MANUAL

FORT BEND COUNTY
SHARED SICK LEAVE POOL WITHDRAWAL FORM

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

FROM: _____ DEPARTMENT NAME: DISTRICT CLERKS OFFICE

DATE: MARCH 27, 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 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: 4-10-15

Department Head Signature: Emily Marting Date: MARCH 27, 2015

For Pool Administrator Use Only

| | | |
|---------------------------|--------------------------|------------------|
| Date of committee review: | Self-enrolled or EBO | <u>EBO</u> |
| | Member Since | <u>2009</u> |
| Court approval date: | Current Position | <u>4501-0005</u> |
| | Length of Service | <u>19y 8m</u> |
| Payroll notified: | Date Began FMLA | <u>3-26-15</u> |
| | FMLA Time Remaining | <u>40</u> |
| Department notified: | Sick Leave Used | <u>5</u> |
| | Vacation Used | <u>12</u> |
| Employee notified: | Comp/Deferred/Other Used | <u>-</u> |
| | Previous Pool Withdrawal | <u>258</u> |