



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, PHR
Senior Human Resources Generalist

SUBJECT: Commissioners Court Agenda Item
Withdrawal Application, Shared Sick Leave Pool
For June 9, 2015

DATE: June 2, 2015

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 Tax Office Position # 4991-0032 64 hours

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

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: Tax Assessor Collector

DATE: 6-1-15

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 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: 6-1-15

Department Head Signature: [Signature] Date: 6-2-15

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>499-002</u>
	Length of Service	<u>14y 6m</u>
Payroll notified:	Date Began FMLA	<u>4-14-15</u>
	FMLA Time Remaining	<u>240</u>
Department notified:	Sick Leave Used	<u>35</u>
	Vacation Used	<u>108</u>
Employee notified:	Comp/Deferred/Other Used	<u>33</u>
	Previous Pool Withdrawal	<u>0</u>