



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  
January 5, 2016

DATE: December 22, 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 Information Technology, Position # 5031-0029 92 hours**

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

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FORT BEND COUNTY  
SHARED SICK LEAVE POOL WITHDRAWAL FORM

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

FROM: \_\_\_\_\_ DEPARTMENT NAME: I.T.

DATE: 12.11.15

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 ~~104~~ 92 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: 12.11.15

Department Head Signature: [Signature] Date: 12/11/2015

For Pool Administrator Use Only

Date of committee review:	Self-enrolled or EBO	<u>Self</u>
	Member Since	<u>2015</u>
Court approval date:	Current Position	<u>5031-0029</u>
	Length of Service	<u>1y10m</u>
Payroll notified:	Date Began FMLA	<u>12/22/15</u>
	FMLA Time Remaining	<u>480</u>
Department notified:	Sick Leave Used	<u>103</u>
	Vacation Used	<u>45</u>
Employee notified:	Comp/Deferred/Other Used	<u>—</u>
	Previous Pool Withdrawal	<u>0</u>

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