



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 28, 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 Road and Bridge, Position # 6111-0082 120 hours

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

2015-Dec-08 01:02 PM St. Joseph Bellville 979-413-7219

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PAGE 01/10

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: Road + Bridge

DATE: 12-7-15

6111A

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 160 hours. 120.

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 leaves 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: 12-7-15

Department Head Signature: [Signature] Date: 12/7/15

For Pool Administrator Use Only

Date of committee review: <u>[Redacted]</u>	Self-enrolled or EBO	self
	Member Since	2009
Court approval date:	Current Position	6111-0082
	Length of Service	31y5m
Payroll notified:	Date Began FMLA	10/01/2015
	FMLA Time Remaining	290
Department notified:	Sick Leave Used	78
	Vacation Used	38
Employee notified:	Comp/Deferred/Other Used	
	Previous Pool Withdrawal	0