

FORT BEND COUNTY
SHARED SICK LEAVE POOL WITHDRAWAL FORM

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

FROM: _____ DEPARTMENT NAME: Fairgrounds

DATE: November 1, 2016


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.

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: _____

Department Head Signature:  _____ Date: 11/1/2016

For Pool Administrator Use Only

Date of committee review:	Self-enrolled or EBO	self
	Member Since	2009
Court approval date:	Current Position	6551-0001
	Length of Service	19y3m
Payroll notified:	Date Began FMLA	12/2015
	FMLA Time Remaining	40
Department notified:	Sick Leave Used	139
	Vacation Used	302
Employee notified:	Comp/Deferred/Other Used	0
	Previous Pool Withdrawal	0