

FORT BEND COUNTY
SHARED SICK LEAVE POOL WITHDRAWAL FORM

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

FROM: _____ DEPARTMENT NAME: EMS

DATE: 10/20/16

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: [Signature] Date: 10/20/16

Department Head Signature: [Signature] Date: 10/21/16

For Pool Administrator Use Only

Date of committee review:	Self-enrolled or EBO	SELF
	Member Since	1002376
Court approval date:	Current Position	5401-085
	Length of Service	16y
Payroll notified:	Date Began FMLA	Feb 2016
	FMLA Time Remaining	0
Department notified:	Sick Leave Used	236
	Vacation Used	260
Employee notified:	Comp/Deferred/Other Used	109
	Previous Pool Withdrawal	0

Unpaid Leave = 131