



HUMAN RESOURCES DEPARTMENT
FORT BEND COUNTY, TEXAS

Kent M. Edwards, PHR
Director of Human Resources

TO: Judge Robert Hebert
Commissioner Vincent Morales
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
November 6, 2018

DATE: October 29, 2018

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 EMS, Position # 5401-0005 480 hours

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

SHARED SICK LEAVE POOL WITHDRAWAL REQUEST FORM

FORM 712W

This form is to be used by members of the Shared Sick Leave Pool to request a withdrawal from the Pool in accordance with Policy 712. Please provide the information requested below, and return the form to Human Resources by interoffice mail, by fax (281-341-8615), or by email to: Kathy.Novosad@fortbendcountytx.gov.

Employee Name: _____ Emp. ID: _____

Department/Office: Emergency Medical Services

Shared Sick Leave Pool Administrator: 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 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 the *Employee Information Manual, Section 712, Shared Sick Leave Pool*.

I have provided the FMLA form *Certification of Health Care Provider* in support of my request.

Number of hours requested for withdrawal: 480

Employee Signature: _____ Date: 10.24.18

Dept. Head Signature: _____ Date: 10/24/18

For Pool Administrator Use Only

Self-enrolled or EBO	<u>Self</u>	Length of Service	<u>11y 11m</u>
Position #	<u>5401-0005</u>	Sick Leave Used	<u>97</u>
Date Began FMLA	<u>10/4/18</u>	Vacation Used	<u>197</u>
Member Since	<u>2017</u>	Comp/Other Used	<u>63</u>
		Previous Pool Withdrawal	<u>☒</u>

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