



HUMAN RESOURCES DEPARTMENT  
FORT BEND COUNTY, TEXAS

Kent M. Edwards, PHR  
Director of Human Resources

TO: Judge KP George  
Commissioner Vincent Morales  
Commissioner Grady Prestage  
Commissioner Andy Meyers  
Commissioner Ken DeMerchant

FROM: Kathy Novosad, PHR  
Senior Human Resources Generalist

SUBJECT: Commissioners Court Agenda Item  
Withdrawal Application, Shared Sick Leave Pool  
April 23, 2019

DATE: April 11, 2019

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 Sheriff's Office, Position # 5601-0167      200 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 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@fortbendcountytexas.gov.*

Employee Name: \_\_\_\_\_ Emp. ID: \_\_\_\_\_

Department/Office: Sheriff's Office - Patrol - Warrants

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: 200

Employee Signature: \_\_\_\_\_ Date: 03/19/19

Dept. Head Signature: [Signature] Date: 03/19/19

For Pool Administrator Use Only

Self-enrolled or EBO	<u>Self</u>	Length of Service	<u>15y8m</u>
Position #	<u>5601-0167</u>	Sick Leave Used	<u>5</u>
Date Began FMLA	<u>3/27/19</u>	Vacation Used	<u>13</u>
Member Since	<u>2016</u>	Comp/Other Used	<u>75</u>
		Previous Pool Withdrawal	<u><del>0</del></u>