



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
Extension of Leave of Absence

DATE: June 24, 2019

The Road and Bridge Department is seeking approval to extend an unpaid involuntary leave of absence for the employee in Position #6111-0167, consistent with Policy 706, Leave of Absence. The employee has a serious health condition and has exhausted all FMLA leave and a six month leave of absence. The employee is unable to return to full time work at this time. The department would like to extend the unpaid leave for an additional six months to allow the employee to recover and return to work full time.

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

REQUEST FOR LEAVE OF ABSENCE

FORM 7C

Employee Name _____ Emp. ID _____

Date leave to begin 10/17/18 (7/1/2019) Date leave to end 1/9/2020

Reason for Leave: Foot infection that needed surgery. The surgery removed some bone and cartilage from my foot.

(Note that a leave for medical reasons may require further documentation)

Additional information can be found in the Employee Information Manual, Section 706

Employee, please read each item below and check the boxes to indicate your understanding.

- I understand that failure to return to work on or before the above ending date or failure to request an extension from my Department Head can result in my separation from the County.
- I understand it is my responsibility to contact the Risk Management Department for information about maintaining health-care coverage during my leave of absence.
- I understand that I must exhaust all applicable accrued paid leave before unpaid leave will be granted.
- I understand that I must contact my supervisor the first work day of each week, or on another prearranged schedule, to report my status and intent to return to work.
- I understand that I will be required to present a fitness-for-duty certificate prior to being restored to employment if this leave is due to my own serious health condition. If such certification is not received, my return to work may be delayed until certification is provided.
- I understand that Fort Bend County does not guarantee that I will be reinstated to my own or any other position in the County. Reinstatement to any position shall be at the discretion of the elected official/department head.
- I understand that 6 months is the maximum allowable leave. Commissioners Court approval will be required before any extension can be granted.

Signature of Employee

Date 6/18/19

To be completed by the Department Head or Elected Official

This is to inform you that your request for a leave of absence is:

Approved, and will be designated as: Voluntary Involuntary

Denied for the following reason: _____

Signature of Department Head or Elected Official

Date 6/12/19