

HUMAN RESOURCES DEPARTMENT  
FORT BEND COUNTY, TEXAS

Nicole Ledet, PHR  
Director of Human Resources

**MEMORANDUM**

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

From: Kim Dzierzanowski  
Human Resources Generalist

Subject: HR Agenda Items for November 2, 2021 Commissioners Court

Date: October 25, 2021

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The following information is a summary of the HR Agenda Items for the November 2, 2021 Commissioners Court.

Discussion Item – Human Resources – Take all appropriate action to approve to extend an unpaid involuntary leave of absence for the employee in Position #6501-0124, 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.

Human Resources approves of the proposed item.

Should you have any questions, please do not hesitate to contact me 281/ 341-8616.

**REQUEST FOR LEAVE OF ABSENCE**

FORM 7C

Employee Name  Emp. ID 

Date leave to begin November 3, 2021 Date leave to end Feb 3, 2021


Reason for Leave:  


(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.

 \_\_\_\_\_ Date 10/20/2021

**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