



# HUMAN RESOURCES DEPARTMENT

FORT BEND COUNTY, TEXAS

Nicole Ledet SHRM-CP, PHR  
Director of Human Resources

## MEMORANDUM

To: Judge KP George  
Commissioner Vincent Morales  
Commissioner Grady Prestage  
Commissioner Andy Meyers  
Commissioner Dexter McCoy

From: Kim Dzierzanowski  
Human Resources Generalist

Subject: HR Agenda Item for January 3, 2023 Commissioners Court

Date: December 28, 2022

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The following information is summary of the HR Agenda Items for the January 3, 2023 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 5601-0665, consistent with Policy 706-Leave of Absence. The employee has a serious health condition and has exhausted a six month leave of absence. The employee is unable to return 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.

### **Policy 706, Section 706.01 – Leave of Absence**

Full-time employees may be granted a leave of absence without pay at the discretion of the elected official or department head. The decision as to whether such leave is granted shall be based on the needs of the department. The recommended maximum length of a leave of absence is six (6) months. A leave of absence extending beyond 6 months shall require the approval of Commissioners Court.

**REQUEST FOR LEAVE OF ABSENCE**

FORM 7C

Employee Name

Emp. ID

Date leave to begin

January 6, 2023

Date leave to end

July 6, 2023

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.

Signature of Employee

Date

**To be completed by the Department Head or Elected Official**