

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 email to: FBCHRLeaves@fortbendcountytx.gov.

Employee Name:



Emp. ID:

Department/Office: Road and Bridge 6111

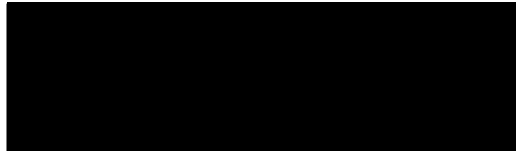
Shared Sick Leave Pool Administrator: I am requesting approval to withdraw sick leave from the Shared Sick Leave Pool for the purpose of covering time spent away from work due to my serious medical condition. I understand that I must first exhaust all of my own accrued leave, including sick, vacation, 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:

43

Employee Signature:



Date:

27 MARCH 2023

Dept. Head Signature:

Scott W. Light

Date:

3/27/2023