

**FORT BEND COUNTY FY 2009
AGENDA REQUEST FORM**

Return Completed Form by E-Mail to: Agenda Coordinator, County Judge's Office

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|---------------------------------------|------------------------------------|
| Date Submitted: April 29, 2009 | Submitted By: Kent Edwards |
| | Department: Human Resources |
| Court Agenda Date: May 5, 2009 | Phone Number: 281-341-8631 |

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|--|------------|--------------------------|------------------------------------|
| SUMMARY OF ITEM: Approve withdrawal application from the Shared Sick Leave Pool as follows: | | | |
| Employee of Juvenile Probation, Position # 5751-0153 | | 160 hours | |
| RENEWAL AGREEMENT/APPOINTMENT | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| REVIEWED BY COUNTY ATTORNEY'S OFFICE: | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |

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| FINANCIAL SUMMARY: | |
| BUDGETED ITEM: YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| FUNDNG SOURCE: Accounting Unit: _____ | Account Number: _____ |
| Activity (If Applicable): _____ | |
| DESCRIPTION OF LAWSOM ACCOUNT: _____ | |

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| Instructions to submit Agenda Request Form: | |
| <ul style="list-style-type: none">• Completely fill out agenda form: incomplete forms <u>will not</u> be processed.• Agenda Request Forms should be submitted by e-mail, fax, or inter-office mail, and all back-up information must be provided by Wednesday at 2:00 p.m. to all those listed below.• All original back-up must be received in the County Judge's Office by 2:00 p.m. on Wednesday. | |
| DISTRIBUTION: | |
| Original Form Submitted with back up to County Judge's Office x (✓ when completed) | |
| If by E-Mail to ospindon@co.fort-bend.tx.us If by Fax to (281) 341-8609 | |
| Distribute copies with back-up to all listed below. If by fax, send to numbers below: | |
| x Auditor (281-341-3774) | x Comm. Pct. 1 (281-342-0587) |
| x Budget Officer (281-344-3954) | x Comm. Pct. 2 (281-403-8009) |
| <input type="checkbox"/> Facilities/Planning (281-633-7022) | x Comm. Pct. 3 (281-242-9060) |
| <input type="checkbox"/> Purchasing Agent (281-341-8642) | x Comm. Pct. 4 (281-980-9077) |
| <input type="checkbox"/> Information Technology (281-341-4526) | x County Clerk (281-341-8697) |
| x Other: Drainage | x County Atty (281-341-4557) |

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| <u>RECOMMENDATION / ACTION REQUESTED:</u> |
| Special Handling Requested (specify): |



HUMAN RESOURCES DEPARTMENT
FORT BEND COUNTY, TEXAS

Kent M. Edwards, PHR
Director of Human Resources

TO: Judge Robert Hebert
Commissioner Richard Morrison
Commissioner Grady Prestage
Commissioner Andy Meyers
Commissioner James Patterson

FROM: Kathy Novosad
Human Resources Generalist

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

DATE: April 29, 2009

As provided by Section 712 of the Fort Bend County Employee Information Manual, Shared Sick Leave Pool, the administrative committee of the Pool is submitting this request for the March 17, 2009 session of Commissioners Court. This employee was approved for a 32 hour withdrawal on March 3, however, due to complications he is unable to return to duty and has submitted a request for an additional withdrawal of the maximum allowed at this time.

The committee has reviewed the withdrawal application and found the employee to be eligible to withdraw hours from the Pool. The committee recommends withdrawal as follows:

Employee of Juvenile Probation, Position # 5751-0153 160hours

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

FORT BEND COUNTY
SHARED SICK LEAVE POOL WITHDRAWAL FORM

TO: Shared Sick Leave Pool Administrator
c/o Human Resources Department

FROM: _____ DEPARTMENT NAME: Juv. Probation

DATE: 4-16-09

SUBJECT: Withdrawal from Shared Sick Leave Pool

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 estimate that the amount of sick leave needed will be 160 hours.

I am a member of the Shared Sick Leave Pool, having made the minimum donation of 8 hours of sick leave. I understand that I must first exhaust all of my own accrued sick and vacation leave prior to withdrawing from the Pool. I also understand that I must meet the criteria as specified in Section 712, Shared Sick Leave Pool, of the Employee Information Manual, in order to withdraw from the Pool.

I have attached the FMLA form *Certification of Health Care Provider* in support of my request.

Requestor's Signature _____ Date: 4-16-09

Department Head Signature: _____ Date: 4/17/09

| For Pool Admin Use Only | |
|---------------------------|--|
| Date of committee review: | |
| Court approval date: | |
| Payroll notified: | |
| Department notified: | |
| Employee notified: | |

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| Current Position: | Juv Probation Officer |
| Position Number: | 5751-0153 |
| Length of Service: | 2 yr 8 mo |
| Date began FMLA: | 4/22/2009 |
| FMLA expires: | 7/15/2009 |
| Sick Leave avail: | 37 |
| Vacation avail: | 54 |
| Comp time avail: | 0 |
| Involuntary LOA: | n/a |