

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

**Submitted By: Kent Edwards**  
**Department: Human Resources**  
**Phone Number: 281-341-8631**

RENEWAL AGREEMENT/APPOINTMENT YES ☐ NO ☐

REVIEWED BY COUNTY ATTORNEY'S OFFICE: YES ☐ NO ☐

DESCRIPTION OF LAWSOM ACCOUNT: \_\_\_\_\_

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)

## 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: November 9, 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 August 25, 2009 session of Commissioners Court. The committee has reviewed the withdrawal applications and found the employees to be eligible to withdraw hours from the Pool. The committee recommends withdrawal as follows:

**Employee of Library, Position # 6501-0110**

**120 hours**

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: Library

DATE: 10/26/09

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 250 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: 10/26/09

Department Head Signature: Chad J. Russell Date: 10/27/09

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

Current Position:	6501-0110
Length of Service:	3y6m
Date began FMLA:	10/24/2009
FMLA expires:	1/16/2009
Sick Leave used:	56
Vacation used:	45
Comp time used:	0
Involuntary LOA:	n/a