FORT BEND COUNTY FY 2009 AGENDA REQUEST FORM

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

Date Submitted: November 9, 2009 Court Agenda Date: November 17, 2009	Submitted By: Kent Edwards Department: Human Resources Phone Number: 281-341-8631				
SUMMARY OF ITEM: Approve withdrawal applications from the Shared Sick Leave Pool as follows:					
mployee of Library, Position # 6501-0110 120 hours					
RENEWAL AGREEMENT/APPOINTMENT REVIEWED BY COUNTY ATTORNEY'S OFFICE:	YES NO TO TO THE STATE OF THE S				
FINANCIAL CUINNA DV					
FINANCIAL SUMMARY:					
BUDGETED ITEM: YES NO					
FUNDNG SOURCE: Accounting Unit: Activity (If Applicable):	Account Number:				
DESCRIPTION OF LAWSOM ACCOUNT:					
Instructions to submit Agenda Request Form: Completely fill out agenda form: incomplete forms will not 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) Facilities/Planning (281-633-7022) x Comm. Pct. 3 (281-242-9060) Purchasing Agent (281-341-8642) x Comm. Pct. 4 (281-980-9077) Information Technology (281-341-4526) x County Clerk (281-341-8697) x Other: Drainage x County Atty (281-341-4557)					
RECOMMENDATION / ACTION REQUESTED:					

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.

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n/a

FORT BEND COUNTY SHARED SICK LEAVE POOL WITHDRAWAL FORM

TO:	Shared Sick Leave Pool Administrator c/o Human Resources Department				
FROM:	DEPARTMENT NAME: Librany				
DATE:	10/24/09				
SUBJECT:	Withdrawal from Shared Sick Leave Pool				
purpose of co	ng approval to withdraw sid vering time spent away fro the amount of sick leave ne	m work due to m	y serious medical con		
hours of sick l vacation leave criteria as spec	er of the Shared Sick Leave leave. I understand that I re prior to withdrawing fron cified in Section 712, Shar Manual, in order to withdra	must first exhaust in the Pool. I also red Sick Leave Po	all of my own accrue understand that I mus	ed sick and	
I have attached the FMLA form Certification of Health Care Provider in support of my request.					
Requestor's Signature: Date: Date:					
Department Head Signature: Claus H. Russell Date: 10/27/09					
For Poo	l Admin Use Only				
Date of comm			Current Position:	6501-0110	
			Length of Service:	3y6m	
Court approva	al date:		Date began FMLA:	10/24/2009	
	-		FMLA expires:	1/16/2009	
Payroll notifie	ed:		Sick Leave used:	56	
D	·· · · · · ·		Vacation used:	45	
Department no	otified:		Comp time used:	0	

Employee notified:

Involuntary LOA: