

**FORT BEND COUNTY    FY 2010  
AGENDA REQUEST FORM**

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

Date Submitted:    December 9, 2009  
  
Court Agenda Date: December 15, 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:

Employee of Library, Position # 6501-0110	100 hours
Employee of District Clerk, Position # 4501-0043	80 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"/>

**FINANCIAL SUMMARY:**

BUDGETED ITEM:    YES    ☐                      NO    ☐

FUNDNG SOURCE: Accounting Unit:                      Account Number:  
Activity (If Applicable):

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](mailto: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)

**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 Applications, Shared Sick Leave Pool

DATE: December 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 December 15, 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:

<b>Employee of Library, Position # 6501-0110</b>	<b>100 hours</b>
<b>Employee of District Clerk, Position # 4501-0043</b>	<b>80 hours</b>

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

24.1  
3.06  
1002601  
4501-0043

FORT BEND COUNTY  
SHARED SICK LEAVE POOL WITHDRAWAL FORM

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

FROM: \_\_\_\_\_ DEPARTMENT NAME: District Clerk

DATE: 11/12/09

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. 80

From Dec 8, 09 - Jan 5, 10

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: 11/12/09

Department Head Signature: [Signature] Date: 11-18-09

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

Current Position:	4501-0043
Length of Service:	5y8mo
Date began FMLA:	12/8/2009
FMLA expires:	3/2/2010
Sick Leave used:	0
Vacation used:	24
Comp time used:	0
Involuntary LOA:	n/a

100

**FORT BEND COUNTY  
SHARED SICK LEAVE POOL WITHDRAWAL FORM**

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

**FROM:** 1 **DEPARTMENT NAME:** Library

**DATE:** 11/30/09

**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 100 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:** [Signature] **Date:** 11/30/09

**Department Head Signature:** Clara J. Russell **Date:** 11/30/09

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

appw'd 120.00  
 used 66.25  
 avail 53.75  
 needs 160.00  
 106.00  
 100