

FORT BEND COUNTY
 SHARED SICK LEAVE POOL WITHDRAWAL FORM

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

FROM: _____ DEPARTMENT NAME: _____

DATE: _____

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 _____ hours.

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 Section 712, Shared Sick Leave Pool, of the Employee Information Manual.

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

Requestor's Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

For Pool Administrator Use Only

Date of committee review: _____		Self-enrolled or EBO	
		Member Since	
Court approval date: _____		Current Position	
		Length of Service	
Payroll notified: _____		Date Began FMLA	
		FMLA Time Remaining	
Department notified: _____		Sick Leave Used	
		Vacation Used	
Employee notified: _____		Comp/Deferred/Other Used	
		Previous Pool Withdrawal	