

SHARED SICK LEAVE POOL WITHDRAWAL REQUEST FORM
FORM 712W

This form is to used by members of the Shared Sick Leave Pool to request a withdrawal from the Pool in accordance with Policy 712. Please provide the information requested below, and return the form to Human Resources by interoffice mail, by fax (281-341-8615), or by email to: Kathy.Novosad@fortbendcountytexas.gov.

Employee Name: _____ Emp. ID: _____

Department/Office: _____

Shared Sick Leave Pool Administrator: 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 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 the *Employee Information Manual, Section 712, Shared Sick Leave Pool.*

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

Number of hours requested for withdrawal: _____

Employee Signature: _____ Date: _____

Dept. Head Signature: _____ Date: _____

For Pool Administrator Use Only

Self-enrolled or EBO	_____	Length of Service	_____
Position #	_____	Sick Leave Used	_____
Date Began FMLA	_____	Vacation Used	_____
Member Since	_____	Comp/Other Used	_____
		Previous Pool Withdrawal	_____