



SICK LEAVE POOL WITHDRAWAL REQUEST FORM

This form is to be used by participants of the Harris County Sick Leave Pool Program to request a withdrawal in accordance with the Texas Local Government Code, Chapter 157. Please provide the requested information below and return the completed form to Anne Garza in Central Human Resources (HR & Risk Management) via email to SickLeavePool@harriscountytx.gov.

Employee Name: _____ Employee ID: _____

Business Unit: _____ Department: _____

Number of Hours Requested for Withdrawal (480 hours maximum): _____

I am requesting approval to withdraw Leave from the Harris County Sick Leave Pool Program for the purpose of covering time spent away from work due to my own serious health condition. I recognize that I must first exhaust all of my own accrued paid leave and compensatory time prior to withdrawal from the Pool. I also recognize that all unused Leave granted to me shall be returned to the Pool under certain conditions specified under the Harris County Sick Leave Pool Program.

I understand that withdrawal from the Harris County Sick Leave Pool is subject to limitations and the terms and conditions specified in the Texas Local Government Code, Chapter 157, and the Harris County Sick Leave Pool Program. I understand that submitting a request does not guarantee that I will receive Leave from the Pool. I acknowledge that the Administrator determines eligibility and the amount of Leave given, and that the Administrator’s decision is final. I understand that I may not perform any outside work or engage in any other employment while using the Leave.

I understand that I am no longer permitted to receive or use Leave when I become eligible to receive Worker's Compensation indemnity benefits, long-term disability benefits, Social Security disability benefits, or any other supplemental benefits. I also understand that Leave from the Program will count towards my FMLA entitlement. I agree to provide the Administrator any information requested to make a determination on my request, which includes furnishing a complete and sufficient Family Medical Leave Certification of Health Care Provider for Employee’s Serious Health Condition, Form 456A. I affirm that all information provided is true and correct.

Employee Signature: _____ Date: _____

Department Head or Designee Signature: _____ Date: _____

For questions regarding the Harris County Sick Leave Pool Program, please contact Anne Garza at 713-274-5440, Lina Garcia at 713-274-5404 or Erika Owens at 713-274-5421.

TO BE COMPLETED BY CENTRAL HUMAN RESOURCES

The Harris County Sick Leave Pool Withdrawal Request has been:

Denied:

- Employee has not enrolled in or donated to the Harris County Sick Leave Pool Program
- Employee’s request is not for their own serious health condition
- Employee has not been absent on continuous FMLA for at least 10 continuous work days
- Employee is on a Leave of Absence
- Employee is eligible for Workers' Compensation, Long-term disability or Social Security disability benefits
- Employee has not exhausted all accrued paid leave and compensatory time
- Other: _____

Approved By: _____ Date: _____

Date of Pool Program Donation	Number of Hours Donated	Last Date of Withdrawal Request	Current Vac Balance	Current Sick Balance	Current Comp Balance