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| DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES (DCYF)**Foster Parent Recipient Shared Leave** |
| Staff requesting shared Leave will complete the Recipient / Employee section of the form and attach a copy of Foster Parent License. Follow your agencies policies for completing and acquiring approval for shared leave. Once approved, your agency emails the form to **dcyf.fpslp@dcyf.wa.gov**  |
| Recipient / Employee |
| NAME OF AGENCY | AGENCY NUMBER | FUND |
| RECIPIENT’S NAME | MAILSTOP | PAYROLL EMAIL ADDRESS |
| RECIPIENT’S PERSONNEL IDENTIFICATION NUMBERAgency with recipient maintains copy of Foster Parent license.Monthly salary:  | PREPARING TO CARE FOR A FOSTER CHILD[ ]  Yes [ ]  NoIf funds are available, 40 hours can be requested and sent from the shared leave pool. | CARING FOR A FOSTER CHILD[ ]  Yes [ ]  No |
| HUMAN RESOURCES REPRESENTATIVE | DATE OF LICENSEInput date of Foster Parent license which is good for one year for shared leave purposes. |
| HUMAN RESOURCES REPRESENTATIVE CONTACT INFORMATION |
| **By signing, I understand I am responsible to report immediately a loss of eligibility as a licensed foster parent and to provide timely documentation. Failure to do so may result in a salary overpayment.** |
| RECIPIENT’S SIGNATURE DATE |
| **Appointing Authority / Designee** |
| **By signing, you approve this request. If request is denied, communicate with employee whom requested.** |
| APPOINTING AUTHORITY’S SIGNATURE DATE |
| PRINTED NAME | PHONE NUMBER (WITH AREA CODE) |
| **Approved by DCYF Payroll Staff** |
| FUNDS AVAILABLE[ ]  Yes [ ]  No | JOURNAL VOUCHER NUMBER | DATE |
| DCYF PAYROLL PROCESSOR’S SIGNATURE DATE | PRINTED NAME |
| **Email approved / signed form to:** **dcyf.fpslp@dcyf.wa.gov****Request receipted will be based on the date and time of the email, monies will be disbursed on a first come first served basis, if funds are depleted an email will be returned to the email address approval originated.** |

