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| DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)  **Foster Parent Donor Shared Leave** | | | | | | | |
| **Section 1 completed by Donor. Follow your Agency’s policy and approval process.** | | | | | | | |
| Donor / Employee | | | | | | Payroll Use Only | |
| DONOR’S NAME | | | | | PERSONNEL ID NUMBER | **DONOR MONTHLY** | **DONOR HOURLY** |
| TIME AND ATTENDANCE PROCESSOR | | | | | | ORGANIZATIONAL KEY | |
| HUMAN RESOURCE REPRESENTATIVE | | | | | |
| Do you wish to remain an anonymous donor?  Yes  No | | | | | | | |
| NUMBER OF ANNUAL LEAVE HOURS DONATED | | | NUMBER OF SICK LEAVE HOURS DONATED | | | NUMBER OF PH HOURS DONATED | |
| DONOR’S SIGNATURE | | | | | | DATE | |
| **Sections 2, 3, and 4 completed by Time and Attendance or Human Resources** | | | | | | | |
| 1. **Donor Information - Annual Leave Information (Annual Leave Cannot Fall Below 80 Hours After Donation)** | | | | | | | |
| ANNIVERSARY DATE | | ANNUAL LEAVE BALANCE    80 HOURS AFTER DONATION?  Yes  **No; unable to donate.** | | | | DATE OF LEAVE BALANCE | |
| 1. **Sick Leave Information (Sick Leave Cannot Fall Below 176 Hours After Donation)** | | | | | | | |
| SICK LEAVE BALANCE 176 HOURS AFTER DONATION?  Yes  **No; unable to donate.** | | | | | | DATE OF LEAVE BALANCE | |
| 1. **Personal Holiday** | | | | | | | |
| PERSONAL HOLIDAY BALANCE | DATE OF LEAVE BALANCE | | | MONTHLY SALARY  **$** | | WORK SCHEDULE | |
| TIMEKEEPER’S OR HUMAN RESOURCE REPRESENTATIVE’S SIGNATURE | | | | | | DATE | |
| PRINT NAME AND TITLE | | | | | | | |
| 1. **Appointing Authority / Designee (if approved)** | | | | | | | |
| APPOINTING AUTHORITY / DESIGNEE’S SIGNATURE | | | | | | DATE | |
| PRINT NAME AND TITLE | | | | | | PHONE NUMBER (WITH AREA CODE) | |
| **Once the document is completed and approved. Email the signed document to** [**dcyf.fpslp@dcyf.wa.gov**](mailto:dcyf.fpslp@dcyf.wa.gov) **along with the Journal Voucher of funds.** | | | | | | RECEIPTED DATE INPUT BY DCYF | |
| **DISTRIBUTION:** Payroll (Mail Stop 40975); Donor; Appointing Authority / Designee | | | | | | | |

