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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 BALANCE80 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** **along with the Journal Voucher of funds.** | RECEIPTED DATE INPUT BY DCYF |
| **DISTRIBUTION:** Payroll (Mail Stop 40975); Donor; Appointing Authority / Designee |

