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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**](mailto:dcyf.fpslp@dcyf.wa.gov) | | | | | | |
| Recipient / Employee | | | | | | |
| NAME OF AGENCY | | | AGENCY NUMBER | | | FUND |
| RECIPIENT’S NAME | | MAILSTOP | PAYROLL EMAIL ADDRESS | | | |
| RECIPIENT’S PERSONNEL IDENTIFICATION NUMBER    Agency with recipient maintains copy of Foster Parent license.  Monthly salary: | | PREPARING TO CARE FOR A FOSTER CHILD  Yes  No  If 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 LICENSE    Input 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**](mailto: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.** | | | | | | |

