



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 NUMBER Agency with recipient maintains copy of Foster Parent license. Monthly salary:	PREPARING TO CARE FOR A FOSTER CHILD <input type="checkbox"/> Yes <input type="checkbox"/> No If funds are available, 40 hours can be requested and sent from the shared leave pool.	CARING FOR A FOSTER CHILD <input type="checkbox"/> Yes <input type="checkbox"/> No	
HUMAN RESOURCES REPRESENTATIVE	DATE OF LICENSE		
HUMAN RESOURCES REPRESENTATIVE CONTACT INFORMATION	Input date of Foster Parent license which is good for one year for shared leave purposes.		

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 <input type="checkbox"/> Yes <input type="checkbox"/> 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.**