

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 FosterParentRecipientSharedLeavePool@DSHS.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:	PLANNING OF A 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.	CARE OF A CHILD <input type="checkbox"/> Yes <input type="checkbox"/> No
HUMAN RESOURCES REPRESENTATIVE	Completed by HR	
HUMAN RESOURCES REPRESENTATIVE CONTACT INFORMATION	DATE OF LICENSE Input date of Foster Parent license which is good for one year for shared leave purposes.	
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 DSHS Payroll Staff		
FUNDS AVAILABLE <input type="checkbox"/> Yes <input type="checkbox"/> No	JOURNAL VOUCHER NUMBER	DATE
DSHS PAYROLL PROCESSOR'S SIGNATURE	DATE	PRINTED NAME

Email approved / signed form to: FosterParentSharedLeavePool@DSHS.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. .