

Foster Parent Donor Shared Leave

The Donor will complete Section 1 and 2, and follow your Agency's policy and approval process.

1. 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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				
2. Donor Information - Annual Leave Information (Annual Leave Cannot Fall Below 80 Hours After Donation)				
ANNIVERSARY DATE	ANNUAL LEAVE BALANCE	DATE OF LEAVE BALANCE		
	80 HOURS AFTER DONATION? <input type="checkbox"/> Yes <input type="checkbox"/> No; unable to donate.			
3. Sick Leave Information (Sick Leave Cannot Fall Below 176 Hours After Donation)				
SICK LEAVE BALANCE	176 HOURS AFTER DONATION? <input type="checkbox"/> Yes <input type="checkbox"/> No; unable to donate.	DATE OF LEAVE BALANCE		
4. 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				
5. Appointing Authority / Designee (if approved)				
APPOINTING AUTHORITY / DESIGNEE'S SIGNATURE			DATE	
PRINT NAME AND TITLE			PHONE NUMBER (WITH AREA CODE)	
			RECEIPTED DATE INPUT BY DSHS	

Once the document is completed and approved. Email the signed document to FosterParentSharedLeavePool@dshs.wa.gov along with the Journal Voucher of funds.

DISTRIBUTION: Central Payroll Section (Mail Stop 45854); Donor; Appointing Authority / Designee