

**Foster Parent Donor Shared Leave****Section 1 completed by Donor. 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)
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