**NOTE:** This form is only used if an employee wishes to irrevocably donate leave to the state’s Foster Parent Shared Leave Pool. Leave from the Foster Parent Shared Leave Pool can be requested from any eligible state employee who is caring for a foster child or is preparing to care for a foster child.

Donor employee completes Section I; department completes Section II; HR Operations Office completes Section III.

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| Section I – DONOR INFORMATION. Complete this section and forward the completed form to your department administrator for approval. | | | | | |
| Donor Employee Last Name: | First Name: | | MI: | | |
| Donor UW EID: | Donor Time Off Service date | Donor Department: | | | |
| Donor phone: | Donor email: | Donor monthly salary: | | | |
| I voluntarily donate the following total time off hours to the Washington State Foster Parent Shared Leave Pool and request departmental approval. I understand that these donated leave hours will be permanently deducted from my current, appropriate leave balance(s).  Total Time Off hours donated:  *(Hours must be the same as “Total Hours Donated” box below)* | | | | | |
| Donor Signature | | Date | | | |
| Vacation Time Off (VAC) | | **Donor completes** | | **Leave recorder completes** | |
| DONOR EMPLOYEE: Complete this section to donate vacation time off hours to a designated state employee to be used as shared leave. You may donate a minimum of four (4) hours but you may not donate vacation hours which would reduce the balance to less than eighty (80) hours for full time employment; prorated for part time employment. Also, you may not donate any excess vacation hours above the 240 maximum that you would otherwise be unable to use because of an approaching anniversary date. | | VAC hours donated: | | Current VAC hours: | VAC balance after donation: |
| Sick Time Off (SIC) | |  | | | |
| DONOR EMPLOYEE: Complete this section to donate sick time off hours to a designated state employee to be used as shared leave. You may donate a minimum of four (4) hours but you may not donate sick leave hours which would reduce the balance to less than 176 hours. | | SIC hours donated: | | Current SIC hours: | SIC balance after donation: |
| Personal Holiday (PH) | |  | | | |
| DONOR EMPLOYEE: Complete this section to donate your personal holiday hours to a designated state employee to be used as shared leave. You may donate a minimum of four (4) hours. Unused personal holiday hours will be restored only if returned within the same calendar year. | | PH hours donated: | | PH hours available: | PH balance after donation: |

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| Section II – DEPARTMENT: The donor’s department completes this section | | |
| If you approve the hours donation, please verify hours and remaining balances, complete this section and the “Leave Recorder” portions of Part 1 of this form, and send all parts to your HR Operations Office.  Prior approval by the organization budget authority is required where a charge transfer is involved. | | |
| Please indicate the billing worktags to be credited with shared leave (i.e., Company + Driver Worktag OR Company + Driver + Fund). Only one set of billing worktags is required to complete this section. If splitting across multiple budgets, please provide the additional billing worktags and indicate the distribution percentage. | | |
| Billing worktags: | % Distribution: | |
| Billing worktags: | % Distribution: | |
| Billing worktags: | % Distribution: | |
| Billing worktags: | % Distribution: | |
| Name of department contact responsible for maintaining Absence Record: | Contact phone: | Contact email: |
| The donating employee meets the eligibility requirements stated above in Section 1.  I approve this request to donate leave hours and verify that sufficient funds are available to cover the charge transfers. | | |
| Name of Administrator or Manager (print or type): | | |
| Signature: | Date: | |
| Name of budget authority (print or type): |  | |
| Signature: | Date: | |

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| Section III – HR Operations: To be completed by HR Operations Office | | | |
| The cash value of these hours will be credited to the Washington State Foster Parent Shared Leave Pool. As applicable, this amount will be charged to your department budget as it is used by the designated employee. | | | |
| Vacation hours: | Sick hours: | Personal holiday hours: | |
| The above-named employee is eligible to donate time off effective: | | | |
| HR Office Approval (Sign and date) | | | Phone: |

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| HR OPERATIONS CONTACT INFORMATION | |
| Harborview Medical Center  Fax: (206) 598-4610  325 Ninth Avenue  Box 359715  Seattle, WA 98104  Or, MedCtrFMLA@uw.edu | **UW Medical Center Montlake & Northwest** Fax: (206) 598-4610  1959 NE Pacific #BB150  Box 356054  Seattle, WA 98195  Or, MedCtrFMLA@uw.edu |

**HR Operations:** Upon Completion, return two copies to Department (Department copy and Donor copy) and make copies for employee file and Shared Leave File. Work with Payroll Office to transfer value of time off donation to the [Department of Children, Youth, and Families (DCYF).](https://www.dcyf.wa.gov/services/foster-parenting/support-resources/fpslp)