(For HMC and UWMC staff only)

# FOSTER PARENT SHARED LEAVE POOL – RECIPIENT REQUEST FORM INSTRUCTIONS

Complete the attached form if you are a licensed foster parent and caring for a foster child or preparing to care for a foster child and wish to request leave from the Washington state’s Foster Parent Shared Leave Pool. To be eligible for shared leave from the Foster Parent Shared Leave Pool the following conditions must be met:

* There must be leave available in the pool
* You are currently licensed as a foster parent and are caring for or preparing to care for a foster child.
* You must exhaust all compensatory time, recognition leave, and their personal holiday. You are not required to deplete all of your vacation and sick time off hours and can maintain up to 40 hours of vacation time off to care and prepare for a foster child and 40 hours of sick time off to care and prepare for a foster child, in reserve.

After you complete the “Recipient’s Information,” retain a copy of the form, attach a copy of Foster Parent License and submit the form to the Human Resources Operations Office that serves your department. If you do not know which office that is, ask your department’s administrator.

**Employee**: Forward the completed form to the HR Operations office that serves your unit.

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| HR Operations Offices |
| **UW Medical Center Montlake & Northwest**Fax: (206) 598-46101959 NE Pacific #BB150Box 356054Seattle, WA 98195Or, MedCtrFMLA@uw.edu | **Harborview Medical Center**Fax: (206) 598-4610325 Ninth AvenueBox 359715Seattle, WA 98104Or, MedCtrFMLA@uw.edu |

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| PART 1 – Recipient’s Information: *To be completed by Requestor* |
| Name of Agency:University of Washington | Agency Number:      | Fund:      |
| Recipient’s Name (Last, First, MI):      | Recipient’s UW Employee ID:      | Recipient’s E-mail Address:      |
| Recipient’s Monthly Salary:      | Mailstop:      | Payroll Email Address:      |
| Are you preparing to care for a foster child? [ ]  Yes [ ]  NoIf funds are available, 40 hours can be requested and sent from the shared leave pool. | Are you caring for a foster child? [ ]  Yes [ ]  No |
| Human Resource Representative Name (Last, First, MI):      | Date of License:     Input date of foster parent license which is good for one year for shared leave purposes. |
| Human Resource Representative Phone:       | Human Resource Representative Email:       |
| 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 salary overpayment. |
| Recipient’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:       |

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| PART 2 – Appointing Authority/Designee |
| By signing, you approve this request. If request is denied, communicate with employee whom requested. |
| Appointing Authority’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:       |
| Appointing Authority’s Name (please print):      | Appointing Authority’s Phone (with area code):      |

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| PART 3 – Approved by DCYF Payroll Staff |
| Funds Available: [ ]  Yes [ ]  No |  Journal Voucher Number:       | Date:       |
| DCYF Payroll Processor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:       |
| DCYF Payroll Processor’s Name (please print):       |

Human Resources/Payroll forward completed form to:

dcyf.fpslp@dcyf.wa.gov

Please visit the website for more information at <https://www.dcyf.wa.gov/services/foster-parenting/support-resources/fpslp>

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 sent to the email address the approval originated from.