WENATCHEE VALLEY COLLEGE

**FOSTER PARENT SHARED LEAVE POOL REQUEST FORM**

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 office.

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| **PART 1 – Recipient’s Information: *To be completed by Requestor*** | | | | | | |
| Name of Agency:  Wenatchee Valley College | | Agency Number:  **686** | | | | Fund: |
| Recipient’s Name (Last, First, MI): | | Recipient’s Employee ID: | | Recipient’s E-mail Address: | | |
| Recipient’s Monthly Salary: | |  | | Payroll Email Address: | | |
| Are you preparing to Care for a Foster Child:   * Yes ☐ No   If 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 DSHS Payroll Staff** | | |
| Funds Available: ☐ Yes ☐ No | Journal Voucher Number: | Date: |
| DSHS Payroll Processor’s Signature  Date: | | |
| DSHS Payroll Processor’s Name (please print): | | |

**Human Resources/Payroll forward completed form to:**

[FosterParentSharedLeavePool@dshs.wa.gov](mailto:FosterParentSharedLeavePool@dshs.wa.gov)

Questions may be directed to the DSHS Office of Accounting Services (OAS) Payroll Office by email at [FosterParentSharedLeavePool@dshs.wa.gov](mailto:FosterParentSharedLeavePool@dshs.wa.gov) or phone at (360) 664-5755

Please visit the website for more information at <https://www.dshs.wa.gov/ca/foster-parenting/foster-parent-shared-leave-pool>

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.