Supporting Living Organ Donors Program Leave Tracker

May 2024

| Donor name  |   |
| --- | --- |

| Dates | Type of leave taken(Sick, Annual, ordinary hours etc)  | Total Hours | Paid Leave taken |
| --- | --- | --- | --- |
|   |  |  | Yes/No |
|  |  |  | Yes/No |
|  |  |  | Yes/No |
|  |  |  | Yes/No |
|  |  |  | Yes/No |
|  |  |  | Yes/No |
|  |  |  | Yes/No |
|  |  |  | Yes/No |
|  |  |  | Yes/No |
|  |  |  | Yes/No |
|  |  |  | Yes/No |
|  |  |  | Yes/No |
|  |  |  | Yes/No |
|  |  |  | Yes/No |
|  |  |  | Yes/No |
|  |  |  | Yes/No |
|  |  |  | Yes/No |
|  |  |  | Yes/No |

***\*If seeking reimbursement for leave and/or out-of-pocket expenses, appropriate evidence must be provided with your claim.***

Medical professional declaration

I declare that:

* the donor attended the appointments as listed above for the purpose of living organ donation, and
* the information provided in this form is complete and correct.

I understand that:

* giving false or misleading information is a serious offence.

| Name  |   |
| --- | --- |
| Position/Organisation |  |
| Signature |  |
| Date |   |