



# Supporting Living Organ Donors Program Leave Tracker

May 2024

Donor name	
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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
			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.

<b>Name</b>	
<b>Position/Organisation</b>	
<b>Signature</b>	
<b>Date</b>	