

Leave Tracker Form



Note: The leave tracker is an optional document, to assist donors keep track of leave they take associated with their donation. This may include leave for work-up testing, medical appointments, surgery and recovery.

Donor name

Dates	Type of leave taken (sick, annual, ordinary hours, etc)	Total Hours	Paid Leave taken
1/7/25 - 1/8/25	SICK LEAVE	150 hours	☒ 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

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

 / /

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

This tracker is for the purpose of claiming under the Supporting Living Organ Donors Program only.