**Attachment B**

# LEAVE DONATION LOG SAMPLE

| Name of Recipient Employee | Item No. | | Agency | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Recipient A | | | | | | | | | | | |
| Name of Donor (include Agency if different than that of Recipient) | Neg. Unit | Sal. Gra | Date of Donation | Total Days Donat | Usage Record- Date Used Amount Used 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | | | | | | | | | | | |