BREAST OR PROSTATE CANCER SCREENING
LEAVE REQUEST

I am submitting the (circle one) Breast or Prostate Cancer Screening Leave form stating I have undergone a cancer screening exam.

Employee’s Name: ______________________________________________

Date of appointment: _____________________________________________

Duration of appointment: __________________________________________
(Maximum leave – 4 hours)

Name and address of medical office: __________________________________
________________________________________________________________

Signature: ________________________________________________________
(Doctor, Medical Office Personnel or Nurse)

Print Name: _______________________________________________________
(Doctor, Medical Office Personnel or Nurse)

Date: _____________________________________________________________

I affirm that the statements made on this form are true and correct under penalty of law.

________________________________  __________________________
(Employee’s Signature)             (Date)