

Verification of Breast/Prostate Cancer Screening

Employee's Printed Name

Employee's Title

Name of Agency

Work Location

To be completed by Employee:

I am requesting excused leave to undertake a (Check one):

Breast cancer screening

Prostate cancer screening

Date of screening _____

Time off requested

From: _____

To: _____

Regularly scheduled hours on date of screening _____

Note: Excused leave for Breast or Prostate Cancer screening is limited to four hours annually between January 1st and December 31st for each type of screening. If time taken off for a screening exceeds four hours, the additional time will either be unpaid or charged to an appropriate leave bank (if employee has any such leave accrued) in accordance with current policies and procedures.

All requests for leave to undertake a Breast or Prostate cancer screening require appropriate documentation. I authorize the Screening Facility below to verify that I have received Breast or Prostate Cancer Screening.

Employee's Signature

Date

To be completed by the Screening Facility:

This is to verify that the above identified employee appeared:

At: _____

On: _____

For the purposes of:

Breast cancer screening

Prostate cancer screening

Printed Name of Person at Facility: _____

Title: _____

Signature: _____

Contact Telephone: _____

Physician signature or stamp: _____