



CANCER SCREENING
LEAVE REQUEST FORM

I _____ am submitting this form as I have undergone a cancer screening exam.
(Employee Name)

Date of Appointment _____

You are allowed to take up to four (4) hours from your work day for cancer screening without having to use any allotted sick time.

Hours Used for Appointment _____

Name and Address of Medical Office _____

Authorized Signature _____
(Doctor, Medical Office Personnel, or Nurse)

Date _____

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

(Employee Signature)

(Date)