

CONFIDENTIAL

Employee Request for Excused Medical Leave

Directions: Complete Part 1 and have Part 2 completed by your physician. Mark your time sheet as "screening" or "donation" for the time taken. Sign the bottom portion of this form and return it to the Business Office to the attention of Tara Dessingue prior to the end of the pay period after your medical appointment. If you have any questions related to your request for excused medical leave, please contact Tara Dessingue at 237-0100, ext. 2359.

Part 1 - To be completed by Employee:

Employee Name _____ Date _____
(Print) (screening or donation)

Please check which type of excused medical leave(s) you are requesting:

- Breast cancer screening (max 4 hours annually)
- Prostate cancer screening (max 4 hours annually)
- Blood donation (max hours annually)

Part 2 - To be completed by Employee's physician or blood donation facility:

_____ was seen on _____
Employee name (print) Date (mm/dd/yyyy)

at _____ by _____
time of appt. Physician name OR Medical Facility (Print)

Physician Signature

Employee Signature

Date Submitted