



**Office of Human Resources
Confidential**

Employee Request for Excused Medical Leave

Directions: Complete Part 1 and have Part 2 completed by your physician. Sign the bottom portion of this form and return it to the staff person responsible for your payroll prior to the end of the pay period after your medical appointment. Your absence will be marked "Sick" until this form is received in Human Resources, where it will then be updated to "Donation/Screening". If you have any questions related to your request for excused medical leave, please contact Michael Nickson at 399-9141 ext. 85006.

Part 1 - To be completed by Employee:

Employee Name _____ **Date** _____
(please print) (of screening or donation)

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

- Breast cancer screening (max 4 hours annually) _____
of hours taken for this appointment _____
- Prostate cancer screening (max 4 hours annually) _____
of hours taken for this appointment _____

Part 2 - To be completed by employee's physician or medical facility:

_____ was seen on _____
Employee name (please print) **date (mm/dd/yyyy)**

at _____ o'clock by _____
time of appt. **Physician name OR Medical Facility (please print)**

Physician or authorized representative's signature

Employee's Signature

Date submitted