



Tompkins
Cortland
Community
College

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)