

Capital Region BOCES

Employee Request for 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 Human Resources Office **prior to the end of the pay period after your appointment**. If you have any questions related to your request for excused medical leave, please contact Jean Usher at 862-4910.

Part 1 – To be completed by employee:

Employee Name: _____ **Date:** _____
(Print) (of screening or donation)

Division: _____

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 donated (max 3 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 _____ o’clock by _____
time of appt. Physician name OR Medical Family (print)

Physician Signature

Provider Signature

Employee Signature

Provider Signature

This form goes into effect August 2, 2007
Cannot be used for appointments prior to August 2, 2007