



**Cayuga County Department of Human Resources
and Civil Service Commission**

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**CANCER SCREENING
LEAVE REQUEST FORM**

I am submitting this form as I have undergone a screening exam for: *(Check one)*

- Breast cancer
- Prostate cancer
- Colorectal cancer

Date of Appointment: _____ / _____ / _____

Duration of Appointment: _____ hours _____ minutes

Name and Address of Medical Office:

Signature of Doctor, Medical Office Personnel, or Nurse

Date Signed

Total Travel Time (to and from appointment): _____ hours _____ minutes

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

Employee's Name (Please Print)

Employee's Signature

Date Signed

Z:\CivilForms\Leave Request for Cancer Screening updated 9-21-11