

# 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 Linda Kelleher 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 Facility (print)

\_\_\_\_\_  
**Physician signature**

\_\_\_\_\_  
**Provider signature**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date submitted**

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