

**REQUEST FOR LEAVE TIME**

**FOR BREAST AND/OR PROSTATE CANCER SCREENING**

In accordance with state law, the district will provide employees with up to four (4) hours of leave time for the purpose of obtaining breast and/or prostate cancer screening. If you intend to obtain this cancer screening during your normal work hours, you must complete this form at least two (2) weeks prior to your doctor's appointment and submit it to your Building Principal for his/her signature. After your supervisor signs this form, it will be returned to you. You must bring it to your doctor. Your doctor must fill in the date and time of your appointment and sign the form. When you return to work, please send the completed form to the Payroll Department.

Employee's Name (Printed)	Position
Building/Location	Date and Time of Doctor Appointment
Employee's Signature	Today's Date
Supervisor's Signature	

**Physician's Statement:**

\_\_\_\_\_ appeared in my office located  
at \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ am/pm (circle one)  
to obtain breast and/or prostate cancer screening.

Physician's Signature	Date
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