



## Verification of Cancer Screening Form

Employee's Printed Name	Employee's Title	
Employee's Department	RC	Employee's Work Location

**To be completed by requesting Employee:**

**Note:** Excused leave for screening of cancer is limited to four hours annually between January 1<sup>st</sup> and December 31<sup>st</sup>. If time taken off for screening exceeds four hours, the additional time will either be unpaid or charged to an appropriate leave bank (if employee has any such leave accrued) in accordance with current policies, procedures, and/or collective bargaining agreements.

All requests for leave to undertake cancer screening require appropriate documentation.

Date of cancer screening: \_\_\_\_\_ Hours From: \_\_\_\_\_ To: \_\_\_\_\_

Regularly scheduled hours on date of screening: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**I authorize the screening facility, below, to verify that I have received a cancer screening.**

Employee's Signature	Date
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**To be completed by the Screening Facility:**

This is to verify that the above identified individual received a cancer screening at our facility:

Name of Facility	Date of Screening
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Printed name of person at facility: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Physician signature and stamp: \_\_\_\_\_