

# Personnel/Civil Service

60 Central Avenue  
Cortland NY 13045-2746  
607-753-5076  
www.cortland-co.org/personnel

## CANCER SCREENING LEAVE REQUEST

I am submitting the Cancer Screening Leave form as I have undergone a cancer screening exam.

Date of appointment: \_\_\_\_\_

Duration of appointment: \_\_\_\_\_

Name and address of medical office: \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_  
(Doctor, Medical Office Personnel, or Nurse)

Date: \_\_\_\_\_

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

For total travel time: \_\_\_\_\_

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

Instructions for Department Head: Once this form has been entered into the electronic leave accrual records, keep with departmental leave accrual/time sheet records. Do not send to Personnel Department.