

**FACULTY STUDENT ASSOCIATION  
OF  
TOMPKINS CORTLAND COMMUNITY COLLEGE  
170 North Street, P.O. Box 139  
Dryden, NY 13053**

**BREAST OR PROSTATE CANCER SCREENING  
LEAVE REQUEST**

I am submitting the (circle one) Breast or Prostate Cancer Screening Leave form stating I have undergone a cancer screening exam.

Employee's Name: \_\_\_\_\_

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

Duration of appointment: \_\_\_\_\_  
(Maximum leave – 4 hours)

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

\_\_\_\_\_

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

Print Name: \_\_\_\_\_  
(Doctor, Medical Office Personnel or Nurse)

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

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

\_\_\_\_\_

(Employee's Signature)

\_\_\_\_\_

(Date)