

CLAIM FORM
Breast Cancer/Prostate Cancer Screening

If claiming excused leave, please send this claim form to Personnel in a confidential envelope. **In order for this benefit to be paid, this claim form must be received by Personnel no later than Monday, 9:30 AM following the end of the pay period.**

Employee Name: _____
Last First

Department: _____ Telephone # (work): _____

Date of screening: _____ Time of appointment: _____

Total time requested (with travel): _____

Employee's signature: _____ Date: _____

Physician's name (please print): _____

Physician's signature*: _____

Address/Location of screening: _____

* If a technician is conducting the screening, the technician may sign in place of the Physician above.