

# VILLAGE OF RYE BROOK

## EMPLOYEE REQUEST FOR EXCUSED TIME BREAST CANCER OR PROSTATE CANCER SCREENING

On \_\_\_\_\_ at \_\_\_\_\_ a.m. p.m. I participated in the Breast Cancer or Prostate Cancer Screening Program. I was at this screening from \_\_\_\_\_ to \_\_\_\_\_.

Attached is a copy of the prescription requesting the above medical screening, or medical provider's confirmation of the above.

\_\_\_\_\_  
Employee Signature & Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Department Head Signature