

SHERBURNE-EARLVILLE CENTRAL SCHOOL

Employee Request for Excused Medical Leave

Directions: Complete Part 1 and have Part 2 completed by your physician. Mark your timesheet as **screening** or **donation** for the time taken. Sign the bottom portion of this form and return it to the School Business Office prior to the end of the pay period after your appointment.

Part 1: To be completed by employee

Employee Name _____ *Print* Date _____ *of Screening/Donation*

Please indicate the type of cancer screening or donation below:

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Part 2: To be completed by employee's physician or blood donation facility

_____ was seen on _____ at _____
Employee Name (print) Date (mm/dd/yyyy) Time of Appt.

by _____
Physician Name OR Medical Facility (print)

Physician/Donation Site Supervisor Signature

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Employee Signature