



# Hudson

## EMPLOYEE REQUEST FOR EXCUSED MEDICAL LEAVE

**PART A** – To be completed by the employee:

Employee Name \_\_\_\_\_ Date \_\_\_\_\_  
(Print) (of cancer screening)

Current Position \_\_\_\_\_

Directions:

1. Submit your leave request through Wincap Web in the same manner you would for all leave time.
2. Complete Part A of the Employee Request for Excused Medical Leave form and have your physician complete Part B.
3. Sign the bottom portion of this form after your screening, and return the form to the Human Resources Office prior to the end of the pay period after you completed your cancer screening.

**Part B** – To be completed by the employee's physician:

\_\_\_\_\_ was seen on \_\_\_\_\_  
Employee name (print) Date (mm/dd/yyyy)

at \_\_\_\_\_ o'clock by \_\_\_\_\_  
(time of apt) Physician name and Medical Facility (print)

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date submitted