



WASHINGTONVILLE CENTRAL SCHOOL DISTRICT

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Larry Washington, Ed.D., *Superintendent of Schools*
 Barbara Quinn, *Assistant Superintendent for Curriculum and Instruction*
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 Michael Cogliano, Ed.D., *Assistant Superintendent for Pupil Personnel Services*
 Paul Nienstadt, *Assistant Superintendent for Operations and Safety*
 Lynn Imperato, *Director of Personnel and Staff Development*

Cancer Screening Leave Form

Please submit form at least 5 days in advance

Please print (except for signature)

Name:		Title:	
Date Submitted:			
Department:		Building:	
Gender: Male <input type="checkbox"/>		Female <input type="checkbox"/>	
Regular Hours of Employment:			
Date of Appointment:		Time of Appointment:	
*Time requested off:			
From:		To:	
Employee Signature:		Date:	
Administrator's Signature:			

*This time must not exceed four (4) hours. If time taken off exceeds four (4) hours, then the time will either be unpaid or charged to an appropriate category of leave (if the employee has any such leave accrued).

***This cancer screening leave is limited to one (4) hour period annually. (calendar year)**

Type of cancer screening: _____

Date of the screening: _____

DOCUMENTATION:

The employee must complete the attached page entitled "Verification of Cancer Screening Appointment" and have it signed by a representative of the cancer screening facility.