

LONGWOOD CENTRAL SCHOOLS

35 YAPHANK-MIDDLE ISLAND ROAD · MIDDLE ISLAND, NEW YORK 11953-2373

Cancer Screening Leave Request Form

Please print

Name:	Position:
Employee ID#	Date Submitted:
Building:	Department:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Regular Hours of Employment:	
Employee Signature:	Date

This cancer screening leave is limited to:

1. Four (4) hours annually (one four hour period annually between July 1st and June 30th) for female and male employees for the purpose of breast cancer screening.
2. Four (4) hours annually (one four hour period annually between July 1st and June 30th) for male employees for the purpose of prostate cancer screening.

Physician's or Screening Facility's Statement:

_____ appeared in my office for the purpose of:

Breast Cancer Screening or Prostate Cancer Screening

On _____ 20____ from _____ am/pm to _____ am/pm.

Physician or Authorized Medical Personnel Signature

Date

PLEASE PRINT:

Physician or Authorized Medical Personnel Name: _____

Business Address & Phone: _____

For Human Resources Office Use Only:

Approved Denied

Date:

Initials:

Please return the completed **original** form to the Human Resource Department, Attn: Attendance