

CANCER SCREENING LEAVE FORM

New York State Civil Service Law entitles all district employees to take up to four (4) hours of paid leave annually, without charge to leave credits, for a cancer screening procedure. Travel time is included in the four-hour cap. Absence beyond the four hours must be charged to leave credits. The leave is not cumulative and expires at the close of business of the last day of each fiscal year.

In order to properly document this absence, you must complete the information below, including a signature from the provider's office, and return the completed form to the Business Office.

******* Failure to submit this completed form will result in either the docking of pay for the time or a deduction from the employee's leave time.**

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Employee Section:

I, _____, verify that on _____, _____, at _____
(Print Name) (Month, Day) (Year) (Location)

I underwent a cancer-screening procedure.

Employee Signature

Date of Signature

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Medical Provider Section:

_____ was seen for a cancer screening procedure with
(Patient Name)

Dr. _____ or at the _____ office on
(Name of Doctor) (Name of Office)

_____, _____ at _____:_____ AM / PM.
(Month, Day) (Year) (Time)

Provider's Signature

Date of Signature

Provider's Location