

G R E A T N E C K P U B L I C S C H O O L S
C A N C E R S C R E E N I N G L E A V E F O R M

In accordance with civil service law, the district will provide employees with up to four (4) hours of paid leave time annually (between 7/1 and 6/30) for the purpose of obtaining cancer screening.

If you intend to obtain this cancer screening during your normal work hours, complete the top portion of this form and submit it to your immediate supervisor *at least one week prior to your appointment* so proper arrangements may be made for a substitute in accordance with district rules. Your supervisor will return the form so that you can bring it to your screening appointment. The physician must complete and sign the bottom portion of this form. Upon return to work, submit the completed form to your supervisor in order to receive the cancer screening leave time.

Note: Every reasonable effort should be made to schedule such screening outside of your regular work hours. This time must not exceed four hours. If time taken off exceeds four hours, then time will either be unpaid or charged to an appropriate category of leave (if you have any such leave accrued).

I intend to take leave on _____ for the purpose of _____.
(date & time of appointment) (type of cancer screening)

My regular work hours are _____, and I work in _____.
(work schedule on day of apptmt) (building/department)

Employee Name (please print)

Position

Employee Signature

Date

(Do not write below this line.)

To be completed by Supervisor:

Date

Supervisor Signature

Verification of Screening Appointment (to be completed by Screening Facility):

Patient Name (please print)

Appointment Date/Time

Type of Cancer Screening

Physician/Representative Printed Name

Phone

Physician/Representative Signature

Date

Physician/Facility Stamp: