

# Regulation

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PERSONNEL

6302.1

## LEAVE FOR CANCER SCREENING FORM

### **ORISKANY CENTRAL SCHOOL DISTRICT REQUEST FOR CANCER SCREENING LEAVE**

(must be submitted three or more work days in advance of the requested time off)

I \_\_\_\_\_ (print name), request a \_\_\_\_\_ (2 hour or 4 hour) paid cancer screening leave on \_\_\_\_\_ (date and start time) in accordance with Oriskany Central School District Policy Number 6302. I understand that if my request is approved, I must provide my supervisor (or the personnel office) with a physician's certification verifying appropriate use of my time off, within three work days of my return to work.

\_\_\_\_\_  
Signature of Requesting Employee

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Date Received by Supervisor

Approved

Denied

\_\_\_\_\_  
Signature of Supervisor

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Oriskany Central School District  
Approved by the Superintendent: 11/13/17