

CANCER SCREENING LEAVE FORM

New York State Civil Service Law entitles all district employees to take up to four hours of paid leave annually, without charge to leave credits, for all types of cancer screening, including breast or prostate cancer screening. The screening could include physical exams, blood work or other testing specifically for the detection of cancer, including mammograms. Travel time is included in the four-hour cap. Absence beyond the four hours must be charged to leave credits or the time will be docked. The leave is not cumulative and expires at the close of business of the last day of each fiscal year.

To properly document this absence, please complete the information below, including a signature from the provider's office, and return this form to the Personnel Office.

Failure to submit this form will result in the absence remaining charged to the employee's leave time.

Employee Section:

I, _____, verify that on _____, I
(Print name) (Month, day, year)

underwent a cancer screening exam at the offices of, _____,
(Name of medical provider)

located at, _____.
(Address)

Employee Signature Date

Medical Provider Section:

_____ was seen for _____ cancer
(Insert name) (Insert kind of cancer screening)

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

_____, _____, _____, at _____, o'clock.
(Month, day, year) (Time)

Provider's Signature Date