

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 breast or prostate cancer screening. The screening includes physical exams specifically for the detection of breast or prostate 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 Business Office.

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

Employee Section:

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

_____, I underwent a breast or prostate cancer-screening exam.
(Location)

Employee Signature Date

Medical Provider Section:

_____ was seen for ___ prostate or ___ breast cancer screening with

Dr. _____ or at the _____ office, on _____,
(date)
at _____ o'clock.

Providers Signature Date and Time

Location of Provider _____