

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. 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 _____
(Print Name) (Month/Day/Year)

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

(Employee Signature) (Date)

Medical Provider Section:

_____ was seen for ___ prostate or ___ breast cancer screening
(Patient Name) (Please check one)

by Dr. _____ or at the _____ office,
(Provider Name) (Location)

on _____ at _____ o'clock.
(Month/Day/Year) (Time)

(Provider's Signature) (Date and time)

(Location of Provider)