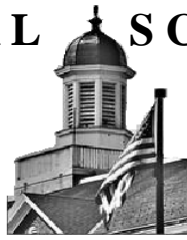


PAWLING CENTRAL SCHOOL DISTRICT

William M. Ward, Ed.D
Superintendent of Schools



Neysa T. Sensenig, Ed.D.
Assistant Superintendent for Finance

Kim Fontana,
Assistant Superintendent for Instruction

Small Size ~ Diverse Opportunities

Cancer Screening Leave Form

In accordance with its obligations under New York State Civil Service Law §159-b and §159-c, the District will permit employees to take **up to four (4) hours** of paid leave on an annual basis for the purpose of obtaining breast and/or prostate cancer screening. Only the screening and reasonable travel time will be included in this four hour limit. Such leave shall not to be charged to the employee's leave accruals.

If you intend to obtain this cancer screening during your normal work hours you must complete this form and bring it to your screening facility for completion.

Please Print:

Name: _____ Position: _____
Building: _____ Regular Hours of Employment: _____
Date & Time of Cancer Screening: Date: _____ Time: _____
Employee Signature: _____ Date: _____

Physician's or Screening Facility's Statement:

_____ appeared in my office for the purpose of (**check one**):

Breast Cancer Screening Prostate Cancer Screening

On _____, 20__ from _____ am/pm to _____ am/pm.

Physician or Authorized Medical Personnel Signature

Date

Please print

Physician or Authorized Medical Personnel Name: _____

Business Address: _____

Business Phone: _____

The employee must make a copy of the completed form and return the original to the District.