



**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, have your supervisor sign it and then bring to your provider's office. Once completed, return this form to Gina Downes in the Human Resources 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 \_\_\_\_\_, I will undergo a cancer  
*(Print Name)* *(Date)*

screening exam at the offices of, \_\_\_\_\_,  
*(Name of Medical Provider)*

located at, \_\_\_\_\_.  
*(Address)*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**Medical Provider Section:**

\_\_\_\_\_, was seen for \_\_\_\_\_ cancer  
*(Insert Patient Name)* *(Insert type of screening)*

screening with Dr. \_\_\_\_\_ at the \_\_\_\_\_ office on  
*(Insert Name of Doctor)* *(Insert Name of Office)*

\_\_\_\_\_.  
*(Insert Date and Time)*

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date