CANCER SCREENING LEAVE FORM

New York State Civil Service Law entitles all district **doyge**es 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 screeg. The screening could include **prozes** exams, blood work or other testing specifically for the detection of cancer, including mammograms. Travel time is included in the fourhour cap. Absence beyond the four hours must be charged to leave credits or the

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.

l,		, verify that on	
(Print name)		-	(Month, day, year)
underwent a cancer scree	ening exantheto	officesof,	
		(Na	ame of medic p rovider)
located at,			
		(Addre\$s	
Employee Signature	Date		
Medical Provider Section		(Name of Office)	
,,, at (Month, day, year)		, o'clock.	
(Month, day, year)	(Time)		

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