

**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 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 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 \_\_\_\_\_, 2007 at \_\_\_\_\_ o'clock.

\_\_\_\_\_  
Providers Signature Date and Time

Location of Provider \_\_\_\_\_