

**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 any cancer screening. 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, 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)

\_\_\_\_\_  
,  
(Location)

I underwent a cancer-screening exam.

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

\_\_\_\_\_  
Date

**Medical Provider Section:**

\_\_\_\_\_ was seen for cancer screening with Dr. \_\_\_\_\_ or at the  
\_\_\_\_\_ office, on \_\_\_\_\_, 202\_\_\_\_ at \_\_\_\_\_ o'clock.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date and Time

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