

## **CANCER SCREENING LEAVE FORM**

New York State Civil Service Law entitles any public employee the right to paid, excused leave of absence from his or her duties for a sufficient period, not to exceed four hours, to undertake a screening for cancer of any kind. 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 the business day on 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 \_\_\_\_\_

(print name)

(date)

I underwent a cancer screening exam at \_\_\_\_\_

(facility)

\_\_\_\_\_

(employee signature)

\_\_\_\_\_

(date)

### **Medical Provider Section:**

\_\_\_\_\_ was seen for cancer screening

(patient name)

with \_\_\_\_\_ at \_\_\_\_\_ on

(doctor or provider)

(facility)

\_\_\_\_\_ at \_\_\_\_\_.

(date)

(time of appointment)

\_\_\_\_\_

(provider signature)

\_\_\_\_\_

(date)