

WASHINGTONVILLE CENTRAL SCHOOL DISTRICT

52 West Main Street, Washingtonville, New York 10992



Cancer Screening Leave Form

Please submit form at least 5 days in advance

Please print (except for signature)

Name:	Title:
Date Submitted:	
Department:	Building:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Regular Hours of Employment:	
Date and Time of screening appointment:	Date: Time:
*Time requested off: From: To:	
Employee Signature:	Date:
Administrator's Signature:	

*This time must not exceed four (4) hours. If time taken off exceeds four (4) hours, then the time will either be unpaid or charged to an appropriate category of leave (if the employee has any such leave accrued).

This cancer screening leave is limited to:

1. Four (4) hours annually (one four hour period annually between July 1st and June 30th) for female employees for the purpose of breast cancer screening.
2. Four (4) hours annually (one four hour period annually between July 1st and June 30th) for male employees for the purpose of breast cancer screening.
3. Four (4) hours annually (one four hour period annually between July 1st and June 30th) for male employees for the purpose of prostate cancer screening.

DOCUMENTATION:

The employee must complete the attached page entitled "Verification of Cancer Screening Appointment" and have it signed by a representative of the cancer screening facility.