



## CANCER SCREENING LEAVE FORM

New York State Civil Service Law entitles all HFM BOCES 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 (name) \_\_\_\_\_

Verify that on (date) \_\_\_\_\_

At (location) \_\_\_\_\_

I underwent a cancer screening exam

Signature and date: \_\_\_\_\_

### Medical Provider Section:

Patient's name \_\_\_\_\_

was seen for cancer screening by Dr. (name) \_\_\_\_\_

or at (name of the office) \_\_\_\_\_

on (date) \_\_\_\_\_

at (time) \_\_\_\_\_

Provider's Signature: \_\_\_\_\_

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

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