

## **REQUEST FOR LEAVE TIME**

### **FOR BREAST AND/OR PROSTATE CANCER SCREENING**

In accordance with New York State law, the district will provide employees with up to four (4) hours of leave time for the purpose of obtaining breast and/or prostate cancer screening. If you intend to obtain this cancer screening during your normal work hours, you must complete this form. You must bring it to your doctor. Your doctor must fill in the date and time of your appointment and sign the form. When you return to work, make a copy for your records and send the completed original form to the Attendance/Personnel Department.

\_\_\_\_\_  
Employee's Name (Printed) & ID#

\_\_\_\_\_  
Position

\_\_\_\_\_  
Building/Location

\_\_\_\_\_  
Date and Time of Doctor Appt.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Today's Date

#### **Physician's Statement:**

\_\_\_\_\_ appeared in my office located

at \_\_\_\_\_

on \_\_\_\_\_ at \_\_\_\_\_ am/pm (circle one) to obtain

breast and/or prostate cancer screening.

\_\_\_\_\_  
Physician's Signature & License #  
(stamped signature not acceptable)

\_\_\_\_\_  
Date