Arlington Central School District
Office of Human Resources

696 Dutchess Turnpike
Pouchkeepsie, NY 12603
845-486-4460

CANCER SCREENING FORM

In accordance with state law, the District will provide employees with up to four (4) hours of paid leave/sick time (not charged to the employees leave/sick 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/screening facility must fill in the date and time of your appointment and sign the form. When you return to work, please submit the competed form to the person responsible for staff attendance in your building.

This cancer screening leave is limited to:

1. Up to one four-hour period annually (between 7/1 and 6/30) for female/male employees for the purpose of breast cancer screening.
2. Up to one four hour period annually (between 7/1 and 6/30) for male employees for the purpose of prostate cancer screening.

Name (Printed) _____

Position _____

Date and time of doctor appointment _____

Signature_____ Date _____

Physician's or Screening Facility's Statement:

_____ appeared in my office on _____, 20__at

_____a.m./p.m. (circle one) to obtain breast and/or prostate cancer screening.

Physician's Name (please print): _____

Business Phone: _____

Address: _____

_____ _____
Physician or Authorized Medical Personnel Signature Date

CC: PERSONNEL FILE