

Arlington Central School District

Office of Human Resources

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

CANCER SCREENING LEAVE FORM

In accordance with state law, the District will provide employees with up to four (4) hours of paid leave (not charged to the employee's 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 screening facility. Your screening facility must fill in the date and time of your appointment and sign the form.

This cancer screening leave is limited to:

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

Please print

Name: _____ Position: _____

Building: _____ Regular hours of employment: _____

Date and time of cancer screening appointment: Date: _____ Time: _____

Time left the building and returned (if applicable): Time Left: _____ Time Returned: _____

Employee Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

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Physician's or Screening Facility's Statement:

_____ appeared in my office for the purpose of:

Breast Cancer Screening

Prostate Cancer Screening.

on _____, 20____ from _____ am / pm to _____ am/pm.

Physician or Authorized Medical Personnel Signature

Date

Please print

Physician or Authorized Medical Personnel Name: _____

Business Address: _____

Business Phone: _____

The employee must make a copy of the completed form return the original to the Office of Human Resources and submit the copy to the person responsible for staff attendance. Forms must be submitted during the attendance period that the screening took place.