

# Ravena-Coeymans-Selkirk Central School District

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## Leave Request Form for Cancer Screening

(Submit form at least one week in advance)

*Please print*

Date Submitted: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date of cancer screening appointment: \_\_\_\_\_

Appointment time: \_\_\_\_\_

Leave requested: From: \_\_\_\_\_ a.m./p.m. To: \_\_\_\_\_ a.m./p.m.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:**

This cancer screening paid leave is limited to:

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

**Documentation:** The employee must complete the "Verification of Cancer Screening" form attached and have it signed by a representative of the health facility. The completed form must be returned to the Business Office by the end of the pay period in which the leave was taken.

Travel time is included in the leave time noted. Absence beyond that authorized must be charged to paid leave accrual or the time will be unpaid. The leave is not cumulative and expires at the close of business of the last day of each fiscal year (6/30).

