

Request for Cancer Screening Leave and Verification of Appointment Form

In accordance with state law, the BOCES will provide employees with up to four (4) hours of paid leave time for the purpose of obtaining **breast or prostate cancer screening**. If you intend to obtain this cancer screening during your normal work hours, you must complete this form at least 48 hours prior to your appointment, whenever possible, and submit it to your immediate supervisor for his/her signature. Verification of your cancer screening must be provided by your Health Care Provider by completing and signing the bottom of the form.

Please forward the completed form to the Hum	nan Resource offi	ce within 14 d	lays follov	ving your appoint	
Name Printed	Position		Loca	Location	
Date and time of medical appointment					
Signature		Date		-	
Supervisor Signature		Date		-	
Verification of Cancer Screening App					
The above individual was seen in my office or	1		_, 20	_ at	
a.m./p.m. for the purpose of (circle	one)				
Breast cancer screening					
Prostate cancer screening.					
Health Care Provider Signature		 Date		-	

Nothing contained herein shall be deemed a release of any patient information related to diagnosis, treatment and/or prognosis. This form is simply to verify that the employee utilized leave provided to him/her pursuant to law.