

LONG BEACH PUBLIC SCHOOLS

Verification of Cancer Screening Appointment

Maximum, 4 hours per school year

(Return completed from to Human Resources)

Employee Name: _____

Building: _____

This is to verify that I appeared:

at: _____ (Name of Facility)

on: _____ (Date)

Scheduled appointment time: _____

Time out of work: _____ (if you started the day in the building)

Time back to work: _____ (if you returned to work after the appointment)

Signature of employee: _____

* Additional time (above 4 hours) will be taken from your personal/sick time if available. If no personal/sick time is available the additional time will be sick no pay.

** 4 hours can be split among separate cancer screening appointments.

FOR HUMAN RESOURCES USE ONLY

Cancer screening hours available: _____

Cancer screening hours marked for this occurrence: _____

A. Creighton, Personnel Clerk

Date