

Arlington Central School District

Office of Human Resources

144 Todd Hill Road, LaGrangeville, NY 12540, 845-486-4460

CANCER SCREENING LEAVE FORM

OFFICE USE ONLY:

Time Taken: _____

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 cancer screening. When possible, please schedule this screening outside of your regularly scheduled work hours. Only the screening and reasonable travel time will be considered. If you intend to obtain this cancer screening during your normal work hours, you must complete this form. You must bring this form 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 up to one four-hour period annually (between 7/1 and 6/30) for the purpose of cancer screening.

Please print:

Name: _____ Position: _____

Building: _____ Regular hours of employment: start time: _____ end time: _____

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

Time left the building: _____ Time returned (if applicable): _____ (do not include lunch time)

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 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 Attendance Office and submit the copy to the person responsible for staff attendance. Forms must be submitted during the attendance period that the screening took place.