

Request for Cancer Screening Leave and Verification of Appointment Form

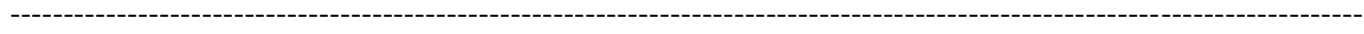
In accordance with state law, the BOCES will provide employees with up to four (4) hours of paid leave time for the purpose of obtaining breast and/or prostate cancer screening. If you intend to obtain this cancer screening during your normal work hours, you must complete this form at least 48 hours 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 Human Resource office within 14 days following your appointment.

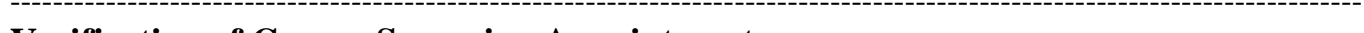
Name Printed	Position	Location
--------------	----------	----------

Date and time of medical appointment

Signature	Date
-----------	------



Supervisor Signature	Date
----------------------	------



Verification of Cancer Screening Appointment (to be completed by Health Care Provider)

The above individual was seen in my office on _____, 20____ at
____ a.m./p.m. (circle one) for the purpose of breast and/or 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.