Request for Cancer Screening Leave and Verification of Appointment Form

In accordance with NY State law, the BOCES will provide employees with up to four (4) hours of paid leave time for the purpose of obtaining 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 Payroll staff within the Finance office in Olean 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 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.