

**NEWBURGH ENLARGED CITY SCHOOL DISTRICT**  
**CANCER SCREENING LEAVE FORM**

New York State Civil Service Law entitles all district employees to take up to four hours of paid leave annually, without charge to leave credits, for cancer screening -- breast (for both male and female employees) or prostate (for male employees) . The screening includes physical exams specifically for the cancer screening detection (for both male and female employees) of breast or prostate cancer, including mammograms. Travel time is included in the four-hour cap. Absence beyond the four hours must be charged to leave credits. The leave is not cumulative and expires at the close of business of the last day of each fiscal year.

To properly document this absence, please complete the information below, including a signature from the provider's office, and return this form to the District Human Resources Office.

**Failure to submit these forms will result in a deduction from the employee's leave time.**

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Please complete and forward to Human Resources after your visit to the doctor.

**Medical Provider Section:**

\_\_\_\_\_ was seen for \_\_\_ prostate or \_\_\_ breast cancer screening  
with Dr. \_\_\_\_\_ or at the \_\_\_\_\_ office,  
on \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_ o'clock.  
(month) (day) (year) (time)

\_\_\_\_\_  
Provider Signature Date and Time  
Location of Provider \_\_\_\_\_

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Please submit this section not less than two (2) school days prior to your appointment.

**Employee Section:**

I, \_\_\_\_\_ verify that I have an appointment on \_\_\_\_\_,  
(Print name) (month) (day) (year)  
at \_\_\_\_\_, to undertake a breast or prostate cancer-screening exam.  
(Provider Name)

\_\_\_\_\_  
Employee Signature Date