SEWANHAKA CENTRAL HIGH SCHOOL DISTRICT

REQUEST FOR LEAVE TIME
FOR BREAST AND/OR PROSTATE CANCER SCREENING

In accordance with state law, the district will provide employees with up to four (4) hours per fiscal year of 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 and a Consolidated Leave Report, at least two (2) weeks prior to your doctor's appointment and submit it to your building principal for his/her signature. After your supervisor signs this form, it will be returned to you. You must bring this form your doctor. Your doctor must fill in the date and time of your appointment and sign the form. When you return to work, please send the completed form to the Personnel Department.

____
Employee Name (Printed)

____
Position

____
Building/Location

____
Date and Time of Doctor Appointment

____
Employee Signature

____
Building Principal Signature

____
Date

____
Supervisor Signature (when required)

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PHYSICIAN STATEMENT:

____ appeared in my office to obtain
Name breast and/or prostate cancer screening

____
Address

____
Date

____________________am/pm (circle one)
Time

____
Physician Signature