

# CLARENCE CENTRAL SCHOOL DISTRICT

## Cancer Screening Leave Request

*Please print all information*

<b>Name:</b>	<b>Today's Date:</b>
<b>Building:</b>	
<b>Date and Time of Screening Appointment:</b> Date: _____ Time: _____	
<b>I am requesting cancer screening time:</b> From _____ a.m./p.m. to _____ a.m/p.m.	
It is my understanding that time charged to this screening benefit is limited to four (4) hours. If my absence exceeds four (4) hours, I will be charged either sick, compensatory, personal or vacation time, in that order to ensure no loss of pay for the day. If no accrued time is available for use, pay for the day will be limited to four (4) hours.	

This cancer screening leave is limited to:

1. Four (4) hours annually (one four hour period annually between 7/1 and 6/30) for female employees for the purpose of breast cancer screening.
2. Four (4) hours annually (one four hour period annually between 7/1 and 6/30) for male employees for the purpose of breast cancer screening.
3. Four (4) hours annually (one four hour period annually between 7/1 and 6/30) for male employees for the purpose of prostate cancer screening.

It is further my understanding that I must return the completed *Verification of Cancer Screening* form to the secretary designated in my building.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_