



**VERIFICATION OF PAID LEAVE FOR
BREAST AND/OR PROSTATE CANCER SCREENING**

Section 159-b/159-c of Chapter 566 of Civil Service Law allows employees to request time away from work for the purpose of completing a screening for breast and prostate cancer. This request may be made once per school year (July 1 through June 30) and may not exceed the time of the appointment plus reasonable travel time; at no time may the leave time exceed four (4) hours.

All employees will be required to complete an Employee Leave Request form and provide documentation of the time, date and duration of the appointment; this documentation must confirm the appointment was kept and must be provided to your Supervisor within five (5) days of the original scheduled appointment. In the event documentation is not received within five (5) days of the appointment, the time will be charged to sick leave until such time as the documentation is received.

To be completed by the Employee

Name: _____ Work Location: _____

Date of Appointment: _____ Time of Appointment: _____

Total Travel Time: _____

Total Amount of Leave: _____

Employee Signature: _____ Date: _____

To be completed by the Physician / Physician's Office

_____, appeared in my office on _____, 200__ at _____ a.m./p.m. (circle one) to obtain a breast and/or prostate cancer screening.

Physician's Signature

Date