

LITTLE FALLS CITY SCHOOL DISTRICT  
15 PETRIE STREET  
LITTLE FALLS, NEW YORK 13365

**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. The screening includes physical exams specifically for the detection of cancer, including mammograms. Travel time is included in the four-hour cap. Absence beyond the four hours must be charged to leave credits or the time will be docked. 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 Business Office.

**Failure to submit this form will result in either the docking of pay for the time or a deduction from the employee's leave time.**

**Employee Section:**

I, \_\_\_\_\_, verify that on \_\_\_\_\_, \_\_\_\_\_ at  
(Print name) (Month, day year)

\_\_\_\_\_, I underwent a cancer-screening exam.  
(Location)

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

\_\_\_\_\_  
Date

**Medical Provider Section:**

\_\_\_\_\_ was seen for cancer screening with Dr. \_\_\_\_\_  
(Patient's name) (Dr's name)

or at the \_\_\_\_\_ office, on \_\_\_\_\_ at  
(Facility name) (date)  
\_\_\_\_\_ am/pm.  
(time)

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Location of Provider