

Excused Leave for Cancer Screening

Please complete this form and retain it for your records (*it does not need to be submitted to Human Resources*). Time taken for this purpose is not to exceed four hours per calendar year and should be charged to the NYSS leave bank.

I. To be completed by employee.

Employee Name:

Department:

I have used time as allowable under New York State Civil Service Law for a cancer screening. I will charge the NYSS leave bank for the time taken (not to exceed four hours per calendar year).

Employee Signature:

Date:

II. To be completed by employee's healthcare provider.

Date of Screening:

Health Care Provider Name:

Type of Practice:

Address:

Health Care Provider Signature:

Date: