

CANCER SCREENING LEAVE REQUEST FORM

Submit this form to your immediate supervisor at least 10 calendar days in advance of appointment

Name: _____ Employee Number: _____ Date Submitted: _____ Department: _____ Building: _____ Gender: ___ Male ___ Female Regular Hours of Employment: _____ Date and Time of Screening Appointment: Date: _____ Time: _____ *Time requested off for appointment: From: _____ am/pm To: _____ am/pm Employee Signature: _____ Date: _____	Supervisor Name (print): _____ Supervisor's Signature: _____ Today's Date: _____ Request Received on: _____
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* If leave time exceeds four (4) hours including travel time, the District Payroll Office will use any accrued available time, either sick, compensatory, personal or vacation, in that order to ensure that an employee does not lose pay for any portion of the day. If no accrued time is available for use, leave time exceeding four (4) hours will be unpaid.

This cancer screening leave is limited to:

1. Up to one four-hour period annually (between July 1 and June 30) for female and male employees for the purpose of breast cancer screening.
2. Up to one four-hour period annually (between July 1 and June 30) for male employees for the purpose of prostate cancer screening.

White – Return to Employee

Yellow – Payroll

Pink – Personnel

Gold – Employee Retains