BRUNSWICK CENTRAL SCHOOL DISTRICT - Page 1

Cancer Screening Leave Request Form

Please print			100		
Name:		T	itle:		
Date Submitted:					
Department:		Building]:		
Gender: M	iale	Fema	ale		
Date and time of Screening Appointment: Date: Time:					
*Leave requeste from:		to:	a.m./p.m.		
hours, you will be cha ensure that an employ	be allowed for tra rged either sick, p yee does not lose	ivel. If leave ersonal or ve pay for any p	our preceding your e time exceeds four (4) acation, in that order to portion of the day. If no Il be limited to the four hours		
This cancer screening					
1. Up to one four- employees for the pur			n 7/1 and 6/30) for female ng.		
2. Up to one four- employees for the pur			n 7/1 and 6/30) for male ng.		
3. Up to one four employees for the pur			n 7/1 and 6/30) for male ning.		
DOCUMENTATION:					
	attached and hety. The complet	ave it signe	f Cancer Screening ed by a representative of ust be returned to your		
Form turned into Su	upervisor:				
Date:					

BRUNSWICK CENTRAL SCHOOL DISTRICT - Page 2

Verification of Cancer Screening Appointment (Return completed form to your Supervisor's secretary)

To be completed by Employee:				
Employee Name:				
Date of Birth:				
Address:				
Telephone Number:				
This is to verify that I appeared				
at:	(Name of Facility)			
on:	(Date)			
at:	(Time)			
for the purpose of screening for:				
☐ Breast Cancer				
Prostate Cancer				

To be o	completed by a representative of the Screening Facility:	
Printed Name:		
Signature:		
Contact Telephone: _		
Physician Stamp:		