



HAUPPAUGE PUBLIC SCHOOLS

Personnel & Administration

Request for Paid Leave Time for Breast and/or Prostate Cancer Screening

In accordance with state law, you are entitled to a **maximum of four (4) hours** for one appointment per school year of paid leave time for the purpose of obtaining breast and/or prostate cancer screening. If you intend to obtain this cancer screening during your normal work hours, you must complete and submit this form to your building principal or supervisor for his/her signature at least two (2) weeks prior to your doctor appointment. For emergency screenings, please provide as much advance notice as possible. This form will be returned to you so that you can have your physician complete it during your visit. Your doctor must fill in the date and time of your appointment and sign the form.

When you return to work, please send the completed form to the Personnel Office. **You are expected to return to work immediately following your screening.**

_____	_____
Print Employee Name	Physician Name
_____	_____
Building & Position	_____
_____	Address of Screening Site
Date Submitted	_____
_____	Date & Time of Appointment
Employee Signature	_____
_____	Supervisor Approval Date
Supervisor Signature	

To Be Completed By Physician

_____ appeared in my office on _____, 20__
at _____ am/pm (circle one) to obtain a breast and/or prostate cancer screening.

_____	_____
Physician Signature	Date