



**Cancer Screening Leave Request**

New York State Civil Service Law Section 159-B, entitles any public employee to take sufficient period of time, not to exceed four (4) hours on an annual basis, to undertake a screening for cancer. Said paid leave up to four (4) hours annually shall be excused leave, and shall not be charged against any other leave credits. Absence beyond the four (4) hours must be charged to leave credits. Employees who undergo screenings outside their regular work schedule do so on their own time.

**To be completed by employee (please type or print):**

Employee Name: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_

Screening appointment date: \_\_\_\_\_ time: \_\_\_\_\_

\*Time expected to be absent from work (including travel time): \_\_\_\_\_ to \_\_\_\_\_.

Enter your absence in AESOP as "Excused – Cancer Screening".

**I hereby certify that this request for time off from work is for the purpose of obtaining a cancer screening pursuant to Sections 159-B of the New York State Civil Service Law.**

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

After this form has been certified by your Healthcare Provider, please return it to the HR Office within ten (10) days of your cancer screening in order to receive payment for your screening as an excused absence.

**Certification of Health Care Provider**

This is to certify that I have provided cancer screening for the individual listed above.

\_\_\_\_\_  
Signature/Stamp of Health Care Provider

\_\_\_\_\_  
Date