

**PITTSFORD CENTRAL SCHOOL DISTRICT
REQUEST FOR TIME OFF FOR CANCER SCREENING**

Name _____

Date _____

Department _____

Title _____

I request the following time off for cancer screening _____

159-b of New York Civil Service Law allows school district employees to have a paid, excused leave of absence from his or her duties for a sufficient period of time, not to exceed four hours, to undertake a screening for cancer. As such, employees may take a half-day off without having the time charged against sick, personal or vacation time. Requests for time-off must be made to your direct supervisor. The physician statement below must be completed or you must obtain a letter signed by your physician with the required information.

Signature

Date

**Provide this top section of the form to your direct supervisor.
Be sure to enter your absence into the Online Absence Request System as well.**

Physician's Statement:

On _____ was seen in my office or affiliated
(Date) (Patients Name)

medical facility and underwent cancer screening.

Physician's signature

Date

**Return this form to the PCSD Payroll Office
Be sure to enter your absence into the Online Absence Request System as well.**