WHEATLAND-CHILI

Central School District

Human Resources Phone: (585) 889-6282

Fax: (585) 889-6284



Request for Cancer Screening

In accordance with state law, Wheatland-Chili will provide employees with up to four (4) hours of excused paid leave annually, including commute time, for the purpose of obtaining a cancer screening. If you intend to obtain a cancer screening during your normal work hours, you must complete this form at least one (1) week prior to your screening, absent emergency circumstances, and submit it to your immediate supervisor for his/her signature.

<u>Directions</u>: You will need to report your absence the way you would a sick day and cite the reason as "Medical Screening." Additionally, you are required to submit proof of your appointment to the Human Resources office within one (1) week from the date of your appointment. Acceptable forms of proof are as follows:

- 1. A signed note from the physician indicating the date/time of your visit, and type of cancer screening. Or;
- 2. The attached physician's statement filled out.

Employee name (print)	Position
Date and time of appointment	# hours taken (including commute time)
Employee's Signature	Date
Supervisor's Signature	Date

WHEATLAND-CHILI

Central School District

Human Resources

Phone: (585) 889-6282 Fax: (585) 889-6284



Physician's Statement:

a	ppeared in my office for a		screening
(patient name)		(cancer screening typ	e)
on/			
Physician's/Authorized designee	e's signature	Date	·
N.C. P LTP1	·		
c: Medical File			
For HR Office Use Only			
Form Received:	Date of Last exam		
Hours Used	Verified by:		