



**Verification for Paid Cancer Screening Leave Appointment**

In accordance with state law, the East Rochester School District will provide employees with up to four (4) hours of paid leave time for the purpose of cancer screening. Please complete this form if you intend to undergo cancer screening during regular work hours. Your Health Care Provider must verify your cancer screening by completing and signing the bottom of the form. Please forward the completed form to the Human Resources office within fourteen (14) days following your appointment.

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Position/Location

\_\_\_\_\_  
Date and Time of Medical Appointment

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Verification of Cancer Screening Appointment (to be completed by Health Care Provider)**

The above individual was seen in my office on \_\_\_\_\_, 20\_\_\_\_ at  
\_\_\_\_\_ a.m./p.m. (circle one) for cancer screening.

\_\_\_\_\_  
Health Care Provider Signature

\_\_\_\_\_  
Date

\*\*Nothing contained herein shall be deemed a release of any patient information related to diagnosis, treatment, and/or prognosis. This form simply verifies that the employee utilized leave provided to him/her pursuant to law