

WEST BABYLON UNION FREE SCHOOL DISTRICT
West Babylon, New York 11704

**REQUEST FOR PAID LEAVE TIME FOR
 CANCER SCREENING AND/OR BLOOD DONATION**

In accordance with state law, the district will provide employees with up to four (4) hours of paid leave time annually for the purpose of obtaining a cancer screening and up to three (3) hours for blood donation. If you intend to obtain this cancer screening or blood donation during your normal work hours, you must complete this form at least one (1) week prior to your appointment and submit it to your immediate supervisor for his/her signature. After your supervisor signs this form, it will be returned to you. You must bring the form to the doctor or blood donation facility where they will confirm 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. If you should have any questions related to your request for excused medical leave, please contact Mr. Shawn Hanley, Assistant Superintendent for Human Resources at 376-7010.

PART I: TO BE COMPLETED BY EMPLOYEE

Employee Name (Please Print)		Date
Position (Check One) <input type="checkbox"/> Administrator <input type="checkbox"/> Teacher/Teacher Assistant <input type="checkbox"/> Clerical <input type="checkbox"/> Custodial <input type="checkbox"/> Bus Driver/Bus Monitor/Mechanic <input type="checkbox"/> Paraprofessional <input type="checkbox"/> Food Service		
Building Location (If you work in more than one building, please check your home school only) <input type="checkbox"/> Central Office <input type="checkbox"/> Bus. Office <input type="checkbox"/> Transportation <input type="checkbox"/> Forest <input type="checkbox"/> JFK <input type="checkbox"/> Santapogue <input type="checkbox"/> South Bay <input type="checkbox"/> Tooker <input type="checkbox"/> JHS <input type="checkbox"/> SHS		
Appointment Date	Appointment Time (Indicate a.m. or p.m.)	
Employee Signature		Date
Building Principal/Supervisor Signature		Date

PART II: TO BE COMPLETED BY PHYSICIAN OR BLOOD DONATION FACILITY

Name of Patient		
The Above Named Patient appeared in My Office On:	Appointment Date	Appointment Time
For the Purpose of: <input type="checkbox"/> Cancer Screening (maximum of 4 hours annually) <input type="checkbox"/> Blood Donation (maximum of 3 hours annually)		
Physician Signature:	Date	