

West Seneca Central School District

Leave Request Form

(Cancer Screening and Blood Donation)

Please print

Name:	Title:
Date Submitted:	Job#
Department/Location:	
Regular Work Schedule:	
Date and time of Screening/Donation Appointment:	
Date: _____ Time: _____	
*Leave requested	
from: _____ a.m./p.m. to: _____ a.m./p.m.	
<input type="checkbox"/> Cancer Screening <input type="checkbox"/> Blood Donation	
*Cancer screening: Maximum of four (4) hours	
*Blood Donation: Maximum of three (3) hours	

This cancer screening leave is limited to:

1. Up to four (4) hours annually (between 7/1 and 6/30) for employees for the purpose of cancer screening.
2. Up to three (3) hours annually (between 7/1 and 6/30) for any employee for the purpose of blood donation.

DOCUMENTATION:

The employee must fill out the "Verification of Appointment" form and have it signed by a representative of the screening/donation facility. The completed form must be returned to Human Resources within 5 days of the appointment.

Form turned into Supervisor:

Date: _____

Supervisor Signature: _____