

West Seneca Central School District

Verification of Appointment

Return completed form to Human Resources within five (5) days of appointment

To be completed by Employee:

Employee Name: _____

This is to verify that I appeared

at: _____ *(Name of Facility)*

on: _____ *(Date)*

at: _____ *(Time)*

for the purpose of:

Cancer Screening

or Blood Donation

To be completed by a representative of Screening/Donation Facility:

Screening Facility Representative Name: _____

Signature: _____ Date _____

Facility Telephone: _____

Facility Stamp (if applicable):

DO NOT ATTACH 'RESULTS' OF SCREENING APPOINTMENT.

Please return to Human Resources within five (5) days of appointment