



REQUEST FOR PAID LEAVE TIME FOR BREAST AND/OR PROSTATE CANCER SCREENING AND DONATING BLOOD

By state law, the district will provide employees with up to four (4) hours of paid leave time on an annual basis to obtain breast and prostate cancer screening and up to three (3) hours paid leave time on a yearly basis for donating blood. If you intend to get this cancer screening or to give blood during your regular work hours, you must complete this form at least three (3) days before your appointment and submit it to your immediate supervisor for his/her signature. This form will be returned to you after your supervisor signs it. You must bring it to your doctor/medical or screening facility to provide date and time of your appointment and sign the form. When you return to work, please submit the completed form to your principal/supervisor or designee to be sent to the Payroll/Attendance Department. Such paid leave will not affect accumulated sick or personal leave.

PLEASE FILL OUT THE INFORMATION BELOW	
Name	
Position	
Building	
Date of Appointment	
Time of Appointment	
PLEASE CHECK THE APPROPRIATE BOX IN EACH SECTION	
SECTION 1	<input type="checkbox"/> Breast Cancer Screening <input type="checkbox"/> Prostate Cancer Screening <input type="checkbox"/> Donating Blood
SECTION 2	<input type="checkbox"/> Excused with pay for cancer screening (up to 4 hours) <input type="checkbox"/> Excused with pay for blood donation (up to 3 hours)
Additional time to be charged to	<input type="checkbox"/> Sick Leave <input type="checkbox"/> Personal Leave <input type="checkbox"/> Vacation Leave
Signature	
Date	
PRINCIPAL OR SUPERVISOR	
Signature	
Date	

STATEMENT OF PHYSICIAN/MEDICAL OR SCREENING FACILITY	
Name of Employee	
Appeared in my office	on: _____ at (Time): _____
To obtain	<input type="checkbox"/> Breast Cancer Screening <input type="checkbox"/> Prostate Cancer Screening <input type="checkbox"/> Donating Blood
Signature	
Date	