



# CANCER SCREENING / COVID-19 IMMUNIZATION LEAVE REQUEST FORM

Attach completed form to Attendance Report

Please print legibly or enter the following information:

**Part I:** Supervisor Approval for Screening / Immunization Leave

Employee: \_\_\_\_\_ Building: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Regular Hours of Employment: From: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

\*Request Leave Date: \_\_\_\_\_ From: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

\*Employees shall be granted up to four (4) hours of leave on an annual basis to undertake a screening for cancer or up to four (4) hours to receive a COVID-19 immunization per occurrence. This leave shall be excused leave and shall not be charged against any other leave to which the employee is entitled.

This time must not exceed four (4) hours. In an effort to secure a substitute for you, we request that you schedule your appointment time in a 1/2 day increment. Please know that if your leave time exceeds four (4) hours, the District Attendance Officer will use any accrued available time to ensure that an employee does not lose pay for any portion of the day. If no accrued time is available for use, pay for the day will be limited to four hours.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

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**Part II:** Verification of Screening / Immunization Appointment

To be completed by a representative of the facility where the screening / immunization took place:

This is to verify that the above mentioned Hamburg Central School District employee appeared at

\_\_\_\_\_ (name of facility) on \_\_\_\_\_ (date) at

\_\_\_\_\_ (time) for the purpose of screening for cancer / COVID-19 immunization.

Name of Doctor/Representative: \_\_\_\_\_

Signature of Doctor/Representative: \_\_\_\_\_