



# Lewiston-Porter Central School District

One Purpose. Your Pathway. Our Promise.

## PAID LEAVE TIME FOR CANCER SCREENING CLAIM FORM

To claim your approved paid leave for cancer screening, please provide this completed claim form to the Office of Human Resources in a confidential envelope. For this benefit to be paid, the claim form must be received the next business day following the approved cancer screening.

Employee Name: \_\_\_\_\_

Date of screening: \_\_\_\_\_ Time of appointment: \_\_\_\_\_

Total time approved (with travel): \_\_\_\_\_

On \_\_\_\_\_ (date), I used \_\_\_\_\_ hours of paid cancer screening leave, which included appointment and travel time.

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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\_\_\_\_\_

I, \_\_\_\_\_ (please print) attest the above patient underwent a cancer screening procedure on the date/time set forth above.

Healthcare Provider Signature: \_\_\_\_\_  
(Doctor; Nurse Practitioner; Registered Nurse; Technician; Medical Office Personnel)

Address/Location of screening: \_\_\_\_\_

For District Office Use Only:

Received by Human Resources: \_\_\_\_\_ Date \_\_\_\_\_

Received by Payroll: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ CPSL processed; payroll date: \_\_\_\_\_

**Lewiston-Porter Central School District  
Human Resources Office**

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