CENTRAL ISLIP UNION FREE SCHOOL DISTRICT

CENTRAL ISLIP, NEW YORK

CANCER SCREENING RELEASE REQUEST

TO: _____, PRINCIPAL

FROM: _____

POSITION: _____

SUBJECT: CANCER SCREENING RELEASE REQUEST

As per negotiated agreement teachers must report to work for the first or last three (3) periods. The release time will not be charged to any sick/personal/accrued time. A medical note indicating a screening for breast or prostate cancer must be submitted upon your return.

I am requesting cancer screening release on _____.

Check one:

I will report to school for the first three periods (1-3) _____.

I will report to school for the last three periods (7-9) _____.

Date _____ Signature _____

_____ Approved _____ Not Approved

Date_____ Principal _____

Reason for denial of request: _____

**48 hour notice must be given prior to the day of appointment.*