New York City Transit

Verification of Cancer Screening Form

(TY WYPELNIASZ - imie i nazwisko / name) | Light Maintainer

Employee's Printed Name | Employee's Title

MOW - Infrastructure | wg RC | 2nd Ave and Houston St

Employee's Department | RC | Employee's Work Location

To be completed by requesting Employee:

Note: Excused leave for screening of cancer is limited to four hours annually between January 1st and December 31st. If time taken off for screening exceeds four hours, the additional time will either be unpaid or charged to an appropriate leave bank (if employee has any such leave accrued) in accordance with current policies, procedures, and/or collective bargaining agreements.

All requests for leave to undertake cancer screening require appropriate documentation.

Date of cancer screening: (TY WYPELNIASZ - data / date) Hours From: (TY) To: (TY)

Regularly scheduled hours on date of screening: From: 22:00 To: 06:00

I authorize the screening facility, below, to verify that I have received a cancer screening.

(PODPISZ TUTAJ / SIGN HERE) | (TY)

Employee's Signature | Date

(WYPELNIA PLACOWKA BADAJACA - NIE TY / TO BE COMPLETED BY THE SCREENING FACILITY - NOT YOU)

To be completed by the Screening Facility:

This is to verify that the above identified individual received a cancer screening at our facility:

Name of Facility | Date of Screening

Printed name of person at facility: _____

Title: _____

Signature: _____

Contact Telephone: _____

Physician signature and stamp: _____

Revised 3/21/2019

Reference copy pre-filled by MTA Work Log - get a fresh official form from twulocal100.org before submitting.