

# West Seneca Central School District

## Verification of Appointment

***Return completed form to Human Resources within five (5) days of appointment***

### To be completed by Employee:

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

This is to verify that I appeared

at: \_\_\_\_\_ (Name of Facility)

on: \_\_\_\_\_ (Date)

at: \_\_\_\_\_ (Time)

for the purpose of:

☐ Cancer Screening

or ☐ Blood Donation

### To be completed by a representative of Screening/Donation Facility:

Screening Facility Representative Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Facility Telephone: \_\_\_\_\_

Facility Stamp (if applicable):

DO NOT ATTACH 'RESULTS' OF SCREENING APPOINTMENT.

*Please return to Human Resources within five (5) days of appointment. Return via email – [hr@wscschools.org](mailto:hr@wscschools.org)*