



Leave for Breast and Prostate Cancer Screening

The New York State Legislature has adopted a law providing that public employees are entitled to excused leave for up to four hours annually for the purpose of breast cancer screening procedures and/or prostate cancer screening procedures.

Male employees are entitled to up to four (4) hours (per fiscal year) annually for the purpose of prostate cancer screening and up to four (4) hours annually (per fiscal year) for the purpose of breast cancer screening. Female employees are entitled to up to four (4) hours annually (per fiscal year) for the purpose of breast cancer screening.

The leave will be considered to be paid leave, unless either a governmental authority or a court of law declares that the leave is unpaid under the New York State Statute. Such leave will not be deducted from accrued sick leave or any other accrued leave.

The entitlement is for up to four (4) hours of leave annually. If an employee is absent for more than four (4) hours on the date of the screening, then the time will either be unpaid or charged to an appropriate category of leave (if the employee has any such leave accrued).

Documentation is required. An employee using this leave entitlement must have either a signed statement from the cancer screening facility, or a signed form that verifies the purpose of the leave. Copies of the Request for Cancer Screening Leave Form and the Verification of Cancer Screening Appointment Form are attached, and additional copies will be available in the Principal's Office in each building. **Completed forms should be returned to Kaitlyn Nuse in District Office at least 10 days prior to your appointment.** The leave must also be noted as "Cancer Screening", on time sheets, if utilized by an employee who completes time sheets.

Please inform your supervisor of the date and time(s) of your scheduled absence from work.

If a substitute is required, then please report that to your supervisor as well.



CANCER SCREENING LEAVE

REQUEST FORM

Please submit form at least 10 days in advance

Name: _____ Date Submitted: _____

Department/Title _____ Building: _____

Regular hours of employment: _____

Date/Time of screening appointment: Date: ___/___/___ Time: _____

*Time requested off from: _____ to _____

Employee Signature: _____ Date: _____

*This time must NOT exceed four (4) hours. If time taken off exceeds four (4) hours, then the time will either be unpaid or charged to an appropriate category of leave (if the employee has any such leave accrued).

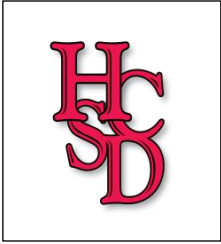
This cancer screening leave is limited to:

1. Four (4) hours annually (one four hour period annually between July 1 and June 30) for female employees for the purpose of breast cancer screening.
2. Four (4) hours annually (one four hour period annually between July 1 and June 30) for male employees for the purpose of breast cancer screening.
3. Four (4) hours annually (one four hour period annually between July 1 and June 30) for male employees for the purpose of prostate cancer screening.

DOCUMENTATION:

The employee must complete the attached page entitled “Verification of Cancer Screening Appointment” and have it signed by a representative of the cancer screening facility.

Completed forms should be returned to Kaitlyn Nuse in District Office



VERIFICATION OF CANCER SCREENING APPOINTMENT

To be completed by employee:

Employee Name: _____ Date of Birth ____/____/____
Employee Address: _____

This is to verify that the above identified employee appeared
at: _____ (Name of Facility)
on: _____ (Date)
at: _____ (Time)

for the purpose of screening for:

- Breast Cancer
- Prostate Cancer

To be completed by the Screening Facility:

Name of person at facility who can verify appointment:
Printed Name: _____
Signature: _____
Contact Telephone: _____
Physician Signature/Stamp: _____

Completed forms should be returned to Kaitlyn Nuse in District Office