



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; males are allowed up to 4 hours for breast cancer screening and up to 4 hours for prostate cancer screening. 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 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 Breast and Prostate Cancer Screening Leave Form and the Verification of Breast and Prostate Cancer Screening Appointment Form are attached, and additional copies will be available in the Human Resources Office.

Completed forms should be returned to Danielle Skinner in the Human Resources Office at Education House at least 10 days prior to your appointment.

You will be notified by the Human Resources Department whether your leave is approved. Please inform your supervisor of the date and time(s) of your scheduled absence from work.

Please report the absence in the Frontline (AESOP) system under the category of “other”.

Contact Mr. Scott R. Pepper at (914) 422-2216 with any questions.



Breast and Prostate Cancer Screening Leave Request Form
Please submit form at least 10 days in advance

Please print (except for signature)

Name:	Title:
Date Submitted:	
Department:	Building:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Regular Hours of Employment:	
Date and time of Screening Appointment:	
Date:	Time:
*Time requested off, from:	to:
Employee Signature:	Date:
For Office of Human Resources Use Only:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Signature:	Date:

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

This screening leave is limited to:

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

DOCUMENTATION:

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

Completed forms should be returned to Danielle Skinner in the Human Resources Office at Education House.



Verification of Breast and Prostate Cancer Screening Appointment

To be completed by Employee:

Employee Name:
Address:
Telephone Number:
This is to verify that the above identified employee appeared at: _____ (Name of Facility) on: _____ (Date) at: _____ (Time) For the purposes of screening for: <input type="checkbox"/> Breast Cancer <input type="checkbox"/> 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 the Human Resources Office, Education House, 5 Homeside Lane, White Plains, New York, 10605.