

Leave for Cancer Screening

The New York State Legislature has adopted a law providing that public employees are entitled to excused leave for up to four (4) hours (per fiscal year) annually for the purpose of cancer screening procedures.

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.

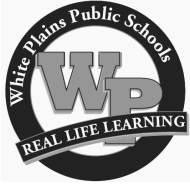
The entitlement is for up to four (4) hours of leave annually. If an employee is absent for more than four (4) hours on the date of the screening, then the time will either be unpaid or charged to an appropriate category of leave (if employee has any such leave accrued).

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 Human Resources Office. **Completed forms should be returned to hr@wpcsd.k12.ny.us or the Human Resources Department, 5 Homeside Lane, White Plains, NY 10605 at least 10 days prior to your appointment.**

You will be notified by the Human Resources Department whether or not 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 AESOP/Frontline system under the category of “other.”

Contact Human Resources at hr@wpcsd.k12.ny.us or 914-422-2216 with any questions.



Cancer Screening Leave Request Form
Form must be submitted at least 10 days in advance

Please print (except for signature):

Name:	Title:
Date Submitted:	
Department:	Building:
Regular Hours of Employment:	
Date and time of Screening Appointment:	
Date:	Time:
*Time requested off:	From: To:
Employee Signature:	Date:
For Human Resources Department Use Only:	
Approved: _____	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 four (4) hours annually (one four hour period annually between July 1st and June 30th) for employees for the purpose of cancer screening.

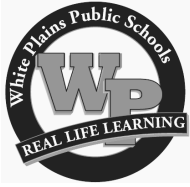
DOCUMENTATION:

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:

hr@wpcsd.k12.ny.us or

Human Resources Department, 5 Homeside Lane, White Plains, New York, 10605.



Verification of 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 purpose of cancer screening.

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:

hr@wpcsd.k12.ny.us or

Human Resources Department, 5 Homeside Lane, White Plains, New York, 10605