Plainview-Old Bethpage Central School District

106 Washington Avenue, Plainview, New York 11803

Mr. Christopher Donarummo
Assistant Superintendent for Human
Resources & Safety

MEMORANDAUM

DATE: March 8, 2018

RE: Civil Service Law Section 159-b

Currently, section 159-b of the Civil Service Law requires District's to provide a maximum of four hours of paid leave per year for employees to be screened for breast and prostate cancer, without deducting any leave time (e.g. illness, personal, or vacation) from employees. **Effective March 18, 2018** Civil Service Law Section 159-b shall be amended to apply to all cancer screenings.

The amendment requires Districts to provide a maximum of four (4) hours of paid leave per year for employees to be screened for any type of cancer, without deducting any leave time (e.g. illness, personal, or vacation) from employees. Although District's are required to provide such leave, the Law provides notice provisions and requirements that employees provide proof that they did in fact receive such cancer screenings. Employees who take a leave of absence pursuant to Section 159-b of the Civil Service Law, as applicable, shall provide at least seventy-two (72) hours written notice of the need for such leave. Upon their return to work, the employee shall provide the District with a note from a medical professional verifying the date and time of their screening and that they received screening for cancer. Failure to do so shall result in such leave being unpaid.

The attached form must be used by all employees to request and verify the cancer screening. This form can be found on the Office of Human Resources section of the POB website in the forms file.

(516) 434-3040 • Fax (516) 937-6346 • e-mail - cdonarummo@pobschools.org

PLAINVIEW-OLD BETHPAGE
CENTRAL SCHOOL DISTRICT

Employee Request for Excused Medical Leave

Directions: Complete Part 1 and have Part 2 completed by your physician. Mark your timesheet as "screening" or "donation" for the time taken. Sign the bottom portion of this form and attach it to your attendance sheet at the end of the pay period after your appointment. **Please notify your immediate supervisor prior to submitting this form.**

PART I - To be completed by employee:

EMPLOYEE NAME_____**DATE**_____

Please check which type of excused medical leave(s) you are requesting:

- Cancer screening (max. 4 hours annually) _____
- Blood donation (max. 3 hours annually) _____

PART II - To be completed by employee's physician or blood donation facility:

_____ was seen on _____

Employee name (print) date (mm/dd/yyyy)

at _____**o'clock by** _____

time of appt.

_____

Physician signature

_____ _____

Employee signature **Date submitted**

_____ _____

Office of Human Resources Approval **Date**