

Confidential

Cancer Screening Leave or Blood Donations Form

New York State Civil Service Law entitles all district employees to take up to four hours of paid leave annually, without charge to leave credits, for cancer screening, and up to three hours for blood donation. The screening includes any physical exams specifically for the detection of cancer including but not limited to breast or prostate cancer, including mammograms. Travel time is included in the three (blood donation) or four (cancer screening) hour cap. Absence beyond the three or four hours allowed, must be charged to leave credits or the time will be docked. To properly document this absence; please follow these directions: Complete Part 1, and have Part 2 completed by your physician, or the healthcare provider facility performing the healthcare screening. Mark your timesheet as "Sick" for the time taken and note in the comments, "Health Screening". Sign the bottom portion of this form and return it to the Human Resources Office within 5 business days of the appointment. Once the form is received, the absence will be coded as "Health Screening". If you have questions related to your request for excused medical leave, please contact Virginia Americo at 914-937-3820, ext. 4506.

Failure to submit this form will result in either the docking of pay for the time or a deduction from the employee's leave time.

Part 1- To be completed by employee:

Employee Name _____ Date _____
(Print) (Screening or donation)

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 2- To be completed by employee's physician or healthcare provider facility:

_____ was seen on _____
Employee name (print) date (mm/dd/yyyy)

at _____ o'clock by _____
(Time of appt.) Physician name OR Medical Facility (print)

Healthcare Provider's Signature

Employee Signature

Date submitted