
Donna J Wisenburn
Assistant Superintendent for Human Resources

To: All Employees
From: Donna J. Wisenburn, Assistant Superintendent for Human Resources
Re: Leaves for Cancer Screening and Blood Donation- New Provision
Date: March 15, 2018

This notification is being provided to update staff about an amendment to Section 159-b of Civil Service law to entitle any municipal or school district employees to take excused paid leave during their regular work hours to obtain a **cancer screening of any kind**. Previously, paid leave for cancer screening was limited to breast and Prostate cancer only. Excused leave for Blood Donations will remain the same. The Board of Education will be amended Board Policy, #5420, at it's March 14, 2018 meeting, governing the use of excused leave for these purposes.

Cancer Screening:

All public employees are entitled to take up to a maximum of 4 hours of excused leave each school year to obtain a screening for **cancer of any kind, effective March 18, 2018**.

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

Blood Donation:

Employees who work *20 or more hours per week* and seek to donate blood during their regular work hours, are entitled to an excused leave of absence for up to a maximum of 3 hours each school year.

This leave will be considered to be unpaid leave unless either a governmental authority or court of law declares that the leave is paid under New York State statute.

Required Documentation:

Employees are required to submit a completed "Leave Request for Cancer Screening or Blood donation" form to their immediate supervisor at least one (1) week in advance (attached). The employee's physician or blood donation facility must complete the "Verification of Cancer Screening or Blood donation Appointment" form to authorize that the employee received the applicable screening or donated blood. The Verification Form must be forwarded to the Human Resource Services office by the end of the pay period in which the leave was taken.

As with any other absence, the employee should follow routine attendance reporting procedures, by calling the Substitute Teacher Registry (AESOP) at 1-800-942-3767 or log in at <http://aesoponline.com> to report absences through the internet. Use reason #27 for Cancer Screening or #28 for Blood Donation. Absences exceeding the maximum number of hours allotted will be charged to the employee's leave accruals.

Contact:

If you have any questions about these leaves, please contact Colleen Allen in the Human Resource Services Office at 746-3354.

We encourage you to have annual health screening and, as always, would prefer that you do so outside of work hours whenever possible. However, please know that this option is available to you should you choose to use it.

Thank you.

Leave Request Form for Cancer Screening or Blood Donation

(Submit form at least one week in advance)

Please print

Name: _____ Date Submitted: _____

Position: _____ Gender: Male Female

Home Base: _____ Regular hours of Employment: From: _____ am pm
To: _____ am pm

Date and time of Cancer Screening/Blood Donation Appointment: Date: _____ Time: _____ am pm

*Leave requested: From: _____ am pm To: _____ am pm

Employee Signature: _____ Date: _____

Authorizing Administrator Signature: _____ Date: _____

Personnel/HR Signature: _____ Date: _____

PLEASE NOTE:

This cancer screening paid leave is limited to:

1. Up to one four-hour period annually (between 7/1 and 6/30) for female employees for the purpose of cancer screening of any kind.
2. Up to one four-hour period annually (between 7/1 and 6/30) for male employees for the purpose of breast cancer screening.
3. Up to one four-hour period annually (between 7/1 and 6/30) for male employees for the purpose of prostate cancer screening.

The blood donation unpaid leave is limited to:

1. Employees who work 20 hours or more per week
2. Up to a maximum of one three-hour period annually (between 7/1 and 6/30)

Travel time is included in the leave time noted. Absence beyond that authorized must be charged to paid leave accrual or the time will be docked. The leave is not cumulative and expires at the close of business of the last day of each fiscal year (6/30). Staff are encouraged to make appointments at the end of the work day.

DOCUMENTATION:

The employee must complete the "Verification of Cancer Screening or Blood Donation" form HR-E003 and have it signed by a representative of the health facility. The completed form must be returned to the BOCES Human Resource Services office by the end of the pay period in which the leave was taken.

**VERIFICATION OF CANCER SCREENING
OR BLOOD DONATION**

To be completed by Employee:

Employee Name: _____

Date of Birth: _____ (mm/dd/yyyy)

Address: _____

Telephone Number: _____

This is to verify that I appeared

At: _____ (Name of Facility or Physician's Office)

On: _____ (Date) **From:** _____ am pm **To:** _____ am pm

For the purpose of:

Cancer Screening

Blood Donation

Employee Signature: _____ **Date:** _____

To be completed by the Medical Provider or Blood Donation Facility:

_____ (Name) was seen for the purpose of:

Cancer Screening

Blood Donation (and did, in fact, donate blood)

On: _____ (Date)

At: _____ (Time)

Physician's Printed Name or Stamp: _____

or

Name and Location of Blood Donation Facility: _____

Telephone Number: _____

Physician's or Provider's Signature: _____ **Date:** _____

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

The employee must return this completed form to the Human Resource Services Office by the end of the pay period in which the leave was taken.