

DEPARTMENT OF HUMAN RESOURCES

REQUEST FOR PAID LEAVE TIME FOR BREAST AND/OR PROSTATE CANCER SCREENING AND DONATING BLOOD

In accordance with New York State Civil Service Law, Sections 159-b and 159-c, the district will provide employees with up to four (4) hours of paid leave time on an annual basis for the purpose of obtaining cancer screening and up to three (3) hours paid leave time on an annual basis for donating blood. If you intend to obtain this cancer screening or to donate blood during your normal work hours, you must complete this form at least three (3) days prior to your appointment and submit it to your immediate supervisor for his/her signature. After your supervisor signs this form it will be returned to you. You must bring it to your doctor/medical, or screening facility, to provide information requested and have it signed to certify the screening was done. When you return to work, please submit the completed form to your principal/ supervisor or designee within a 24 hour period. This form will be sent to the Human Resource Department and Payroll. Such paid leave will not affect accumulated personal or sick leave.

1. Name Printed Position Building/Location

2. Date of Appointment Time of Appointment ID #

3. I hereby certify that the request for time off from work is for the purpose of obtaining a breast/prostate cancer screening pursuant to Section 159-b/-c of the New York State Civil Service Law for donating blood.

PLEASE CHECK THE APPROPRIATE BOX IN SECTION I AND SECTION II:

SECTION I (CHECK ONE BOX)

- Cancer Screening
Donating Blood

SECTION II (CHECK ONE BOX)

- Excused with pay for cancer screening (up to 4 hours)
Excused with pay for blood donation (up to 3 hours)

ANY ADDITIONAL TIME TO BE CHARGED AS CHECKED BELOW: (To be completed by Administrator)

- Sick
Personal Leave
Vacation (if applicable)

Employee Signature Date

4. Principal/Supervisor Signature Date

5. Received by Department of Human Resources Date

STATEMENT OF PHYSICIAN/MEDICAL OR SCREENING FACILITY

appeared in my office on Date

at AM/PM (circle one) to obtain cancer screening or blood donation. Time

Physician/Radiologist Signature Date