



**OFFICE OF HUMAN RESOURCES**  
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DWIGHT BONK, ASSISTANT SUPERINTENDENT FOR HUMAN RESOURCES AND LABOR RELATIONS

Memo To: All WCSD Employees

Re: **Leave Time for Cancer Screening**

The purpose of this memo is to notify you of a New York State law that impacts your employment.

Employers are required to offer employees time off from work each year to obtain a screening for breast cancer and to obtain a screening for prostate cancer. An employee is eligible for a maximum of four hours leave per year for an applicable screening. The leave is not charged to the employee's leave credits. The cancer screening law applies specifically to screening for breast cancer and for prostate cancer. Leave time for other medical purposes is not covered.

Although the law provides for up to four hours of leave per year, leave is granted only for the amount of work time lost due to the screening, taking into consideration a reasonable allowance for travel time to and from the screening facility and the amount of time spent at the screening facility. Employees are expected to otherwise be at work, or use other appropriate leave credits, before and after the screening unless the screening takes place at the beginning or end of the their work day.

Although the law is unclear as to whether employers must grant release time under this provision for more than one breast cancer and prostate cancer screening appointment per year, when additional screenings are medically required the District will grant release time for more than one screening provided the total time per year does not exceed four hours.

If you schedule your annual screening during work hours and wish to exercise this option, you must submit both parts of the form on the reverse side of this page. Submit Part 1 of the form to the Office of Human Resources as soon in advance of your appointment as possible. In order for us to determine the number of hours of cancer screening time to be charged toward your four-hour annual maximum, please note the start and end time(s) of your work day and lunch time. Submit Part 2 of the form to the HR Office within one week following the screening. The Part 2 form must be completed and signed by screening facility personnel. If you do not submit both parts of the form, your time will be charged to available leave credits (Sick, Personal, Vacation, in that order). If you are charged leave credits before your Part 2 form is approved, once the form is approved the HR Office will restore the leave credits you were charged.

As with any other absence, you should follow routine attendance reporting procedures, such as notifying your supervisor and/or the sub service. Employees who report absences to the sub calling service should request a sub only for the period of time anticipated for travel to and from the screening and for the screening itself. Such employees should check with their building administrator before indicating to the service that a sub will be required. In many cases the amount of time away from work may be limited and the administrator may be able to cover the absence without requesting a substitute.

The absence code for timesheet reporting and for calling the sub service is Cancer Screening (or CS abbreviated).

Additional forms are available from the HR Office.

09/28/09

**WAPPINGERS CENTRAL SCHOOL DISTRICT  
CANCER SCREENING FORM PART 1: NOTIFICATION**

To be completed by the employee and forwarded to the Office of Human Resources as soon in advance of the screening appointment as possible. Detach Part 2 before forwarding Part 1.

Employee Name \_\_\_\_\_

Employee Job Title \_\_\_\_\_ District Work Location \_\_\_\_\_

Regular Work Hours (From/To) \_\_\_\_\_ Lunch Time (From/To) \_\_\_\_\_

Screening for (check one) \_\_\_\_\_ breast cancer or \_\_\_\_\_ prostate cancer

Date of Appointment \_\_\_\_\_ Appointment Time \_\_\_\_\_

Location of Screening Facility \_\_\_\_\_

Leave requested from \_\_\_\_\_ am/pm to approximately \_\_\_\_\_ am/pm.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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**WAPPINGERS CENTRAL SCHOOL DISTRICT  
CANCER SCREENING FORM PART 2: VERIFICATION**

To be completed and signed by screening facility personnel and returned by the employee to the Office of Human Resources within one week following the screening.

\_\_\_\_\_ underwent screening for (check one) \_\_\_\_\_ breast cancer  
(print employee name)

or \_\_\_\_\_ prostate cancer on \_\_\_\_\_ from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm  
(month/day/year)

at \_\_\_\_\_  
(print name and location of screening facility)

\_\_\_\_\_  
Screening Facility Authorized Signature Date

\_\_\_\_\_  
Employee Signature Date