

ROME CITY SCHOOL DISTRICT

SUPERINTENDENT'S REGULATION

PERSONNEL

6021.1

CANCER SCREENING LEAVE REQUEST

New York State Civil Service Law entitles employees to take up to four (4) hours of paid leave annually, without charge to leave credits, for both breast cancer and prostate cancer screening. Travel time is included in the four-hour cap. Absence beyond the four hours must be charged to leave credits. Employees who undergo screenings outside their regular work schedule do so on their own time.

To properly request this absence, please complete the information below. Return the completed form to your Principal or supervisor for approval within **ten (10) business days** before the date on which you expect to be absent from work. Document the time off on your time sheet (*if applicable*) by marking cancer screening.

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Employee Name: _____

Health Care Provider: _____

Date of Service: _____

Time expected to be absent from work (*including travel time*):

From: _____ **To:** _____

*I hereby certify that this request for time off from work is for the purpose
of obtaining a breast and/or prostate cancer screening
pursuant to Sections 159-b and/or 159-c of the New York State Civil Service Law.*

Signature of Employee

Date

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Approved: _____

Signature of Supervisor

Date

If request for leave is denied, please set forth the reasons:

CANCER SCREENING

Please detach and return this certification to the Payroll Office within ten (10) days of your cancer screening. If necessary, forms can be faxed to 315-334-7403. If mailing this certification, please send to:

Payroll Office
Rome City School District
409 Bell Road
Rome, New York 13440

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Patient Name (*please print*)

This is to certify that I have provided a breast and/or prostate cancer screening on the
individual listed above on _____ at _____.
Date *Time*

Signature of Health Care Provider

Date