



OFFICE FOR HUMAN RESOURCES

TO: All Staff


FROM: Glen A. Zakian 
Mary E. Rogers 

DATE: March 15, 2018

SUBJECT: CANCER SCREENING

Effective March 18, 2018, New York State Civil Service Law has been amended to allow for an enhanced cancer screening benefit for public employees. Under this legislation public employees may now have a paid, excused absence of up to four hours per year for any cancer screening. In the past, employees were allowed four hours of paid release time for breast cancer or prostate cancer screening each year.

A physician verification form of your appointment date and time will be available in the main offices of the schools, with the attendance clerks and in the Human Resources Department. Employees must provide this documentation when they return from their screening.


John Lorentz
Superintendent of Schools

/rm
2017-2018
Cancer screening
pc: FFT

FOR POSTING ON SUPERINTENDENT'S BULLETIN BOARD

FARMINGDALE UNION FREE SCHOOL DISTRICT

FARMINGDALE, NY 11735

In accordance with state law, the Farmingdale school district will provide employees with up to four (4) hours of paid leave time ("Release Time") annually for the purpose of obtaining cancer screening. If you intend to obtain this cancer screening during your normal work hours, you must complete this form at least one (1) week prior to your appointment in order to provide for appropriate coverage 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 the form to your healthcare provider where they will confirm the date and time of your appointment and sign or acknowledge the form. When you return to work, please send the completed form to your supervisor. If you should have any questions related to your request for excused cancer screenings, please contact Mary Rogers at 434-5170.

PART I: TO BE COMPLETED BY EMPLOYEE	
Employee Name (Please Print)	Date
Position / Building-Department	
Appointment Date and Time	
Employee Signature	Date
Supervisor Signature	Date

PART II: TO BE COMPLETED BY PHYSICIAN OR FACILITY	
Name of Patient	
Appointment Date and Time	
Signature of Healthcare Provider	Date