



Sweet Home Central School District of Amherst and Tonawanda

1901 Sweet Home Road • Amherst, New York 14228
(716) 250-1402

March 9, 2018

Dear Colleague,

Legislation was passed in 2009 that required public municipalities in New York State to offer paid time off work for breast cancer screening and prostate cancer. **This legislation was amended in December of 2017 to include all types of cancer screening.**

It is important for employees to be aware of some facts about release time for cancer screenings, which are listed below:

- For record keeping purposes, annual refers to the school fiscal year (July – June)
- Leave time for cancer screening is not cumulative nor is it retroactive. In other words, you can't carry time forward nor can you claim time for past years.
- If the cancer screening takes longer than four hours, the additional time will need to be designated as sick time, or leave without pay.
- Employees must submit to his/her administrator or supervisor the *Cancer Screening Leave Request Form* at least 72 hours prior to your appointment.
- Employees must verify their attendance at the cancer screening by submitting a stamped *Verification of Cancer Screening Appointment* form to the Office of Human Resources & Planning. The results of the cancer screening are confidential and are not provided to the District.
- Cancer screening appointments will not be approved if scheduled the day immediately before or after a school holiday.
- In order to allow the District to secure substitutes, we are requesting that appointments for cancer screening be made in either the morning or afternoon of your normal work hours.

Attached to this correspondence you will find a copy of the two forms referenced above. Please be aware that employees can always opt to schedule cancer screening outside the workday should they desire to do so for personal reasons.

If you have questions about leave time for cancer screening, please contact JoAnn Balazs, Assistant Superintendent, at 250-1417.

Sincerely,

JoAnn Balazs
Assistant Superintendent



*Sweet Home Central School District
of Amherst and Tonawanda*

Office of the Superintendent
1901 Sweet Home Road • Amherst, New York 14228
(716) 250-1402

CANCER SCREENING LEAVE REQUEST FORM – PART I

Please print

Name:	Title:
Date Submitted:	
Department:	Building:
Type of Cancer Screening:	
Regular Hours of Employment:	
Date and time of Screening Appointment: Date: _____ Time: _____	
*Leave requested from: _____ a.m./p.m. to: _____ a.m./p.m.	

***The leave form must be submitted 72 hours in advance.** This leave time must not exceed four (4) hours. If leave time exceeds four (4) hours, the District Human Resources Office will use any accrued available time, either sick, compensatory, personal or vacation, in that order to ensure that an employee does not lose pay for any portion of the day. If no accrued time is available for use, pay for the day will be limited to four hours. Leave time cannot be scheduled before or after a holiday. Please avoid scheduling routine cancer screenings on Fridays.

This cancer screening leave is limited to:

- I. Up to one four-hour period annually (between 7/1 and 6/30) for cancer screening.

DOCUMENTATION:

The employee must fill out the “Verification of Cancer Screening Appointment” form attached and have it signed by a representative of the screening facility. The completed form must be returned to the Office of Human Resources and Planning

Date: _____

Supervisor Signature: _____

CANCER SCREENING LEAVE REQUEST FORM – PART 2

Verification of Cancer Screening Appointment

TO BE COMPLETED BY EMPLOYEE

Name: _____

This is to verify that I appeared

at: _____ (Name of Facility)

on: _____ (Date)

at: _____ (Time)

for the purpose of screening for: _____

Type of Cancer Screening

TO BE COMPLETED BY SCREENING FACILITY REPRESENTATIVE

Name: _____

Signature: _____

Telephone: _____

Time Exam
Completed: _____

Physician Stamp: _____