

**NORTH TONAWANDA CITY SCHOOL DISTRICT  
ADMINISTRATIVE SERVICES**

176 Walck Road • North Tonawanda, NY 14120 • (716) 807-3510 • FAX (716) 807-3522

Gregory J Woytila  
Superintendent of Schools

JoAnn Johnston  
Director of Personnel

**MEMORANDUM**

To: North Tonawanda City School District Employees

From: JoAnn Johnston, Director of Personnel

Date: April 10, 2018

Re: **Cancer Screening**

Effective March 18, 2018, New York State law was amended to provide school district employees with up to four (4) hours leave per school year from their regularly scheduled work day for the purpose of any cancer screening per revision of section 159 of the Civil Service Law. This leave is with pay and will not be deducted from any other paid leave benefit (see attached).

If you wish to avail yourself of this leave, you must proceed as follows:

Step 1 – Complete and submit to your supervisor the Cancer Screening Leave Request Form (see form for further direction and requirements).

Step 2 – At the time of your appointment, complete the Verification of Cancer Screening Appointment form and have it certified by your health care provider and forward to your supervisor or attendance clerk.

Samples of the forms are attached for your use. Additional forms can be obtained at your work site.

If you have any questions regarding this matter, please contact Tricia Di Virgilio at the District Personnel Office at 807-3507.

JJ/pd

Cc: Christine McClinsey  
Kelly Lord  
File

# Verification of Cancer Screening Appointment

## To be completed by Employee:

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

## To be completed by the Screening Facility:

\* Name of person at facility who can verify appointment:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Physician Stamp: \_\_\_\_\_

This is to verify that the above identified employee appeared

at: \_\_\_\_\_ (Name of Facility)

on: \_\_\_\_\_ (Date)

at: \_\_\_\_\_ (Time)

for the purpose of screening for:

Breast Cancer

Prostate Cancer

# North Tonawanda City School District

## Cancer Screening Leave Request Form

Please Print

Name: _____	Job Title: _____
Date Request Submitted: _____	
Department: _____	Building: _____
Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Regular Hours of Employment: _____	
Date and time of Screening Appointment:	
Date: _____	Time: _____
* Time requested off from: _____	to: _____

\* This time must not exceed four (4) hours or the length of your appointment plus reasonable travel time, whichever is less time. If time taken off does exceed four (4) hours, the District Attendance 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 time will be limited to four hours.

### **This cancer screening leave is limited to:**

1. Up to four (4) hours annually (one four hour period annually between 7/1 and 6/30) for female employees for the purpose of breast cancer screening.
2. Up to four (4) hours annually (one four hour period annually between 7/1 and 6/30) for male employees for the purpose of breast cancer screening.
3. Up to four (4) hours annually (one four hour period annually between 7/1 and 6/30) for male employees for the purpose of prostate cancer screening.

### **DOCUMENTATION:**

**The employee must fill out the attached page entitled "Verification of Cancer Screening Appointment" and have it signed by a representative of the facility.**

**Submit this form to your Supervisor:**

Date: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_