

SACHEM CENTRAL SCHOOL DISTRICT
Holbrook, New York

Confidential

To: Sachem Employees

From: Gail A. Grenzig
Assistant Superintendent for Personnel

Date: November 1, 2008

Re: **Cancer Screening**

A recent change in regulations now allows employees to go annual for cancer screenings for breast and/or prostate cancer. This screening can not exceed more than four hours during any school year.

As with all days of absence, there is a process that needs to be followed and forms that need to be filled out. To make it less complicated, we have listed the steps below:

1. Fill out the attached form at least two (2) weeks prior to your scheduled appointment.
2. Sign the form and have your principal or supervisor sign the form.
3. Send the form to the Personnel Office for review.
4. Personnel will send the form back to you indicating whether this has been approved.
5. Teachers will need to speak with the principal at least a day in advance to secure coverage for their classes.
6. Have your physician verify the date and time of appointment by his/her signature and physician stamp.
7. Return the signed and stamped form to the Personnel Office immediately. If the form is not received within seven (7) days of the appointment, the time may be considered unpaid time.

Again, please be mindful that you may only have annual appointments for the screening.

For ease of accessibility, forms will be available on the District website through the Personnel links



Sachem Central School District

Request for Time Away from Work (Section 159-b) Prostrate or Breast Cancer Screening

Section 159-b of Chapter 566 of Civil Service Law allows employees to request time away from work for the purpose of completing a screening for breast or prostrate cancer. This request may be made annually and may not exceed the time of the appointment plus travel time; at no time, may the time away from work exceed four (4) hours in total per year.

Requests must be received by the Personnel Office at least two weeks prior to the appointment and require approval by the Assistant Superintendent for Personnel or designee.

All employees will be required to provide documentation of the time, date, and duration of the appointment; your physician's signature and stamp must be placed on this form and mailed back to the Personnel Office within seven (7) days of the originally scheduled appointment. If this information is not provided within the seven (7) days, the time away from work will be considered unpaid time.

Name: _____ Date: _____

Building: _____ Position: _____

Have you requested a screening within the past twelve (12) months? Yes No

Date of Appointment: _____ Time of Appointment: _____

*I understand that it will be necessary for me to provide medical documentation (including physician signature and stamp) which indicates the **date, time and duration** of the appointment to the Personnel Office within seven (7) business days of my appointment in order for this to be paid time away from work. A failure to provide this documentation will result in this being unpaid time away from work.*

Employee Signature

Principal or Supervisor Signature

The 159-b Screening Request is approved:
*Contingent upon receipt of provider documentation confirming
Appointment was kept.*

Yes No

Documentation confirming appointment was kept must be received by the Personnel Office

by: _____

Assistant Superintendent for Personnel: _____

To be completed by physician at the time of the appointment.
Physician Signature and Stamp:

Physician Signature

Physician Stamp

For Personnel Office Use only: Provider Documentation Received: Yes No