

## Cancer Screening Policy

The Board of Trustees of the Patchogue-Medford Library acknowledges the importance of the screening and early detection of cancer. Changes to the NY State Civil Service law reflect the importance of this issue on a statewide level. The following procedure and guidelines will govern the use of excused leave time for screening:

- Employees will be allowed time to undertake screening for cancer, not to exceed four hours on an annual basis. This time will be excused leave with pay and shall not be charged against any other leave entitlements the employee may have. Absence beyond the four-hour cap may be charged to the employee's leave credits or will be without pay if the employee has no leave credits.
- Cancer screening includes physical examinations, blood work or other laboratory tests for the detection of cancer. Travel time is included in the four hours.
- Leave for cancer screening is not cumulative and expires the close business of the last day of each fiscal year (June 30).
- Employees are entitled to a leave of absence for screenings scheduled during the employees' regular work hours. Employees who undergo screenings outside their regular work schedule do so on their own time.
- Documentation that the employee's absence was for the purpose of screening for cancer is required. Employees are required to submit a completed "Verification of Time Off for Cancer Screening" form to the Business Office.
- Employees should follow all other routine attendance and scheduling procedures with their supervisors.

Approved by the Board of Trustees September 2008; Revised November 19, 2024.

Appendix:  
VERIFICATION OF TIME OFF FOR CANCER SCREENING

New York Civil Service Law Sections 159-b and 159-c requires that employees receive up to four (4) hours of paid leave per year to undertake a screening for cancer. In order to properly document an employee's use of this benefit and to properly credit the employee with paid leave time, please verify that the employee was screened for cancer prostate cancer by you or your practice.

**To be completed by Employee:**

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

I am requesting leave to undertake a screening for cancer on \_\_\_\_\_, 20\_\_\_\_. I am

requesting time from: \_\_\_\_\_ to: \_\_\_\_\_. My regularly scheduled

hours on the date of screening are from: \_\_\_\_\_ to: \_\_\_\_\_. I

authorize the screening facility below to verify that I have received a cancer screening.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**To be completed by the Screening Facility:**

This is to verify that the above identified employee was seen by me for a cancer screening on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date

*Nothing contained herein shall be deemed a release of any patient information related to diagnosis, treatment, and/or prognosis. This form is simply to verify that the employee properly utilized leave provided to her/him.*