

Leave for Cancer Screenings and Claim Form

NYS Department of Civil Service; Legislation enacted in March 2018 amendments to the Civil Service Law to expand Section 159-b.

Early screening is extremely important in detecting cancer, treating it successfully and reducing the cost of care. Employees of Tompkins County are entitled to take up to four (4) hours of paid leave each calendar year, without charge to leave credits, for the purpose of any type of cancer screening scheduled during the employees' regular work hours.

The paid leave may be used for screening any form of cancer, including but not limited to breast cancer, prostate cancer, cervical cancer, skin cancer, colon cancer, ovarian cancer, bladder cancer, or lung cancer. Cancer screening may include physical exam, imaging, biopsy, Pap Smear, mammogram, blood test or surgical procedure for the purpose of detecting cancers.

Travel time is included in this four (4) hour cap;

Employees who undergo screenings outside their regular work schedule do so on their own time;

Absence beyond the four (4) hour cap must be charged to leave credits, or be unpaid (employees are not granted compensatory time off for cancer screenings that occur on a day off or a holiday); and

Leave for cancer screenings is not cumulative and expires at the close of business on the last day of each calendar year.

Employees must comply with County, Department, and applicable Collective Bargaining Agreement leave policies and practices, and follow the customary leave procedure for their unit/department.

An employee must provide satisfactory medical documentation that the absence was for the purpose of screening for any type of cancer, by submitting a completed Claim Form for Cancer Screening. The Claim Form for Cancer Screening with Healthcare Provider's statement is provided by the Human Resources Department.

Tompkins County shall maintain confidentiality as required by HIPPA. Tompkins County shall keep the Cancer Screening statements confidential, to the extent allowed by the New York State Freedom of Information Law, or other applicable laws, with only those required to grant approval or certify time and attendance reports having access.



**CLAIM FORM
Cancer Screening**

If claiming excused leave, please send this claim form to the Human Resources Department in a confidential envelope. **In order for this benefit to be paid, this claim form must be received by Human Resources no later than Monday, 9:30 AM following the end of the pay period.**

Employee Name: _____
Last First

Department: _____ Telephone # (work): _____

Date of screening: _____ Time of appointment: _____

Total time requested (with travel): _____

On _____ (date) I used _____ hours of paid cancer screening leave, which included appointment and travel time.

Employee's signature: _____ Date: _____

I, _____ (please print) attest the above patient underwent a cancer screening procedure.

Healthcare Provider Signature: _____
(Doctor, Nurse Practitioner, Nurse, Technician, Medical Office Personnel)

Address/Location of screening: _____

For office use only
Documentation received: () yes () no
Approved:
_____ Commissioner of Human Resources Date