



INCORPORATED VILLAGE OF OCEAN BEACH

POST OFFICE BOX 457
OCEAN BEACH, NEW YORK 11770-0457
TEL: (631) 583-5940 FAX: (631) 583-7597
www.villageofocceanbeach.org

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PLEASE POST

MEMO TO: ALL FULL TIME EMPLOYEES
FROM: MARY ANNE MINERVA, ADMINISTRATOR
RE: CANCER SCREENING
DATED: DECEMBER 16, 2008

New York State Civil Service Law Sections 159-b and 159-c entitles employees to take up to four hours of paid leave annually, without charge to leave credits, for both breast cancer and prostate cancer screening. Travel time is included in the four-hour cap. Absence beyond the four hours must be charged to leave credits. Employees who undergo screenings outside their regular work schedule do so on their own time.

To request paid leave for a cancer screening, submit a Cancer Screening Leave Request Form (available in the Payroll Department) to your Department Head for approval no later than ten business days prior to your appointment. Then, within ten business days after your cancer screening, return a Certification Form (available in the Payroll Department), completed by your health care provider's office, to your Department Head. Document the time off on your timesheet as an excused absence. **If you fail to return a completed and signed Certification Form, your absence will be charged to your accrued leave credits.**

This amended law became effective on August 20, 2008. If you had a cancer screening after that date, submit a Certification Form, and your absence will be approved retroactively.



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CANCER SCREENING LEAVE REQUEST

New York State Civil Service Law entitles employees to take up to four hours of paid leave annually, without charge to leave credits, for both breast cancer and prostate cancer screening. Travel time is included in the four-hour cap. Absence beyond the four hours must be charged to leave credits. Employees who undergo screenings outside their regular work schedule do so on their own time.

To properly request this absence, please complete the information below. Return the completed form to your department head for approval within ten (10) business days before the date on which you expect to be absent from work. The health care provider's certification must be returned to your department head within ten (10) business days of your screening or payment for your absence will not be authorized. Document the time off on your timesheet as an excused absence.

To be completed by employee (please type or print):

Employee Name: _____

Health Care Provider: _____

Date of Service: _____

Time expected to be absent from work (including travel time):

From: _____ To: _____

I hereby certify that this request for time off from work is for the purpose of obtaining a breast and/or prostate cancer screening pursuant to Sections 159-b and/or 159-c of the New York State Civil Service Law.

Signature of Employee

Date

Approved: _____

Signature of Department Head

Date

If request for leave is denied, please set forth the reasons: _____



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CERTIFICATION OF HEALTH CARE PROVIDER

This certification must be returned to your department head within ten (10) business days of your cancer screening in order to be paid for your absence in accordance with Sections 159-b and/or 159-c of the New York State Civil Service Law.

I hereby authorize my health care provider to complete the following information for submission to the Village of Ocean Beach:

Patient Name (Please print): _____

Patient Signature

Date

This is to certify that I have provided a breast or prostate cancer screening of the above named individual on _____ (date) at _____ (time)

Name of Health Care Provider: _____

License/Certification Number: _____

Address: _____

Telephone Number: _____

Signature of Health Care Provider

Date