

# Bellmore-Merrick Central High School District

## Human Resources Office

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### **Cancer Screenings and Blood Donations Notice**

Effective March 18, 2018, the law amended Article 10 - Section 159-b of the Civil Service Law to entitle any school district employee, participating employers in the state and local employees' retirement system or of a participating employer in the state teachers' retirement system – to have a paid excused leave of absence from his or her duties for a sufficient period of time, not to exceed four hours, to undertake a screening for cancer of any kind.

#### **Cancer Screening**

All public employees are entitled to take up to a maximum of 4 hours of excused leave each school year to obtain cancer screenings. Cancer Screenings includes Physical exams, laboratory tests, imaging procedures, etc.

#### **Blood Donations (at off premises facilities)**

Employees who work *20 or more hours per week* and seek to donate blood during their regular work hours at an off premises facility are entitled to an excused, unpaid leave for up to a maximum of three (3) hours each school year. Employees who seek to donate blood during their regular work hours may choose to use one-half Personal Business day for this purpose.

#### **Required Documentation**

Employees should retrieve the *“Employee Request for Excused Leave”* form that is located on the district website under Human Resources > Employee Forms and submit it to the Human Resources Office for approval at least one (1) week prior to the date for the excused leave. If you need a screening for cancer of any kind you must provide a written referral from a physician or other duly authorized health care provider.

The *“Verification of Excused Leave”* form must be completed by the employee's physician or blood donation facility. The employee will sign and date the verification form and submit it to the Human Resources Office within one (1) week of the date the screening and/or blood donation occurred. If a verification form is not submitted within 1 weeks' time, the employee will not be paid for the excused leave time.

As with any other absence, the employee is responsible for informing his/her supervisor of the date and time of the requested excused leave so that appropriate arrangements for coverage can be made, if necessary. Employees should write “screening” or “donation” on their timesheet along with the time the employee left and returned for reconciliation with the *“Employee Request for Excused Leave”*. The “excused leave” absence will be entered centrally by Personnel Office staff. Employees will not be required to call AESOP to report this “excused leave”. If an employee is absent for more than the maximum hours allotted, the time will either be unpaid or charged to the employee's leave accruals.

#### **Contact:**

Please direct any questions related to these excused leaves to the Assistant Superintendent of Personnel and Administration at 992-1010.

The District recognizes the importance of annual health screenings. However, in an effort to minimize the impact of employee absences on both students and co-workers, employees should make every reasonable effort to schedule screenings outside of the regular work day whenever possible.

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**Excused Leave Request Form**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ School: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Regular Hours of Employment: \_\_\_\_\_

Check the type of excused leave being requested:

➤ Cancer Screening \_\_\_\_\_  
(Up to one four-hour period per school year)  
*\*Written referral from a physician or other duly authorized health care provider **must** be submitted to Human Resources*

➤ Blood donation\* \_\_\_\_\_  
(Up to one three-hour unpaid leave period per school year for donation at an off premises facility)

\*I prefer that this blood donation leave be paid leave and request that my leave balance be charged one-half personal business day \_\_\_\_\_

Date & Time of Appointment:

Date: \_\_\_\_\_ Leave requested from \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.  
(circle one) (circle one)

(\*This time must not exceed the maximum number of hours for the type of excused leave being requested, inclusive of travel time. If the excused leave time exceeds the maximum hours, the time will be either unpaid or accrued leave time will be charged as Sick or Personal Day depending on circumstance.)

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's/Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Superintendent of Personnel's Signature

\_\_\_\_\_  
Date

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**Verification of Excused Leave Appointment**

To be completed by employee:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

School: \_\_\_\_\_

This is to verify that I appeared

at: \_\_\_\_\_  
Name of Facility

on: \_\_\_\_\_ at: \_\_\_\_\_  
Date Time

for the purpose of:

\_\_\_\_\_ Cancer Screening (Max 4 hours'/school year)

\_\_\_\_\_ Blood Donation (Max 3 hours'/school year)

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

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**To be completed by a physician or by a representative of the screening/blood donation facility:**

\_\_\_\_\_ was seen on \_\_\_\_\_  
Employee Name (print) Date (mm/dd/yy)

at \_\_\_\_\_ o'clock by \_\_\_\_\_  
time of app't Physician's name OR Medical Facility (print)

\_\_\_\_\_  
Signature of Provider

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

***Please attach a written referral.***