

MAINTENANCE OF EQUIPMENT DEPARTMENT Cancer Screening Request Form

	Date:		
Employee Name:	ŀi	· ·	
Employee #:			
			- .
Work Location:		·	-
Tour of Duty: (Only Applicable	for regular work Schedu	le)	
Hours required:	v		
	o 4 hours)		e Au
Date and Time of Screening:(Documer	tation required 72 hour	s after occurrence	 >e)
Immediate Supervisor:			·
(General Foreman, equivalent or	•		:
			_
Please return request form to Supervisor	<u>Lential Manpower</u>	<u>With Authoriz</u>	cation from
======================================			=====
Date Documentation received:	· · · · · · · · · · · · · · · · · · ·		Y.
# of hours compensated: Date of Historical Edit (if applicable): CM Approval:			

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MAINTENANCE OF EQUIPMENT DEPARTMENT

PROSTATE/BREAST SCREENING GUIDELINES

As per New York State Civil Service Law Chapter 391, enacted July 21, 2008, the following Corporate Guidelines have been established for Prostate/Breast Screening:

- o Employees are required to obtain approval from the General Foreman, equivalent or higher, 7 days prior to their appointment for screening. Approval will be authorized as needs of service dictates as per Corporate Policy.
- Employees requesting screening must provide documentation of attendance within 72 hours upon return to duty
- A prescription form is not considered documentation. Doctors note is required that specifically states breast/prostate cancer screening was completed with date and time screening was performed.
- o Screenings are for prostate and mammography only
- o HR and Payroll have developed the Pay Codes of MT and PT to be utilized for compensation and should be entered into the Kronos/LMAT for compensation.

Manpower:

- o Employee must complete request form and return to Central Manpower with authorization from a General Foreman, equivalent or higher.
- o Central Manpower should forward a call off to the local area one (1) day prior as a reminder to local supervision of employee's absence.
- o The attached form is recommended to be utilized to assist craft employees

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