



The City of Boston is aggressively promoting a great benefit Mayor Menino has offered all City employees since 1997:

Paid Leave for Pre-cancer Screening.

This benefit allows all employees to use 4 hours of paid time, per calendar year, for various types of cancer screenings. This leave **will not be charged** to any accrued leave.

The types of screening covered are: Breast, Colon, Prostate, Skin, Thyroid, Oral Cavity, Lymph Nodes, Reproductive Organs, and Lungs.

Attached is a Certification Form that must be completed by your the health care provider when administering the screening. Employees must submit the completed form to the Department's Personnel Officer for the benefit to be applied.

The 4 hours per year can be broken up into increments, however a form must be submitted for each screening. If the Health provider does not have a stamp, as indicated on the form, a signed letter, on the health care provider's stationary with the date the screening was performed and the type of screening, is acceptable.

Every employee is encouraged to undergo pre-cancer screenings.

LET'S ALL STAY HEALTHY !!!!!



CITY OF BOSTON

Pre-Cancer Screening Program

CERTIFICATION FORM

The Mayoral Executive Order allows:

- All City of Boston employees to use 4 hours of paid time (can be broken down in increments), per calendar year, for various types of cancer screenings.
- Such leave **will not** be charged to any accrued leave.
- Here are some samples of screenings covered: **Breast, Colon, Prostate, Skin, Thyroid, Oral Cavity, Lymph Nodes, and Reproductive Organs.**

Physician/Medical Facility

This form is to be completed by the Physician or Health Care Professional/Medical Facility conducting the cancer screening. The employee must submit the completed form to their Departmental Personnel Officer for the 4 hr. screening benefit to be applied.

_____ has undergone a pre-cancer screening at our facility.
Employee/Patient Name

The pre-cancer screening was administered on: _____
Date

Physician/Health Care Professional: _____
Printed Name Signature

Physician / Health Care Facility Address: _____
Tel: (____) _____

Please place your Physician/Health Care Facility verification/validation stamp here →



(If a stamp is not available, a signed Medical document on the facility's letterhead, which includes the date and the type of screening is acceptable)

Early detection through regular pre-cancer screening is the best form of prevention for all cancers. It is the policy of the City of Boston to promote the good health of its employees. Every City Employee is encouraged to undergo pre-cancer screening.