STEPS TO FOLLOW FOR FAMILY FMLA

1. **FMLA Form #1** – Request for Family FMLA leave must be completed and returned to HR as soon as possible.

2. **FMLA Form #5** – FMLA – Certification of Family Relationship - complete and return to HR along with the FMLA form #1

3. **FMLA Form #3B** – FMLA Certification of Health Care Provider for Family Member’s Serious Health Condition - must be completed by the physician that is administering care to the family member. The FMLA form #3B should be sent to HR **no later than 15 calendar days** after your request. The form can also be faxed to **347-710-2952**.

If additional information is needed, please contact Human Resources at 718-518-6650.