

## 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.