



## The City University FAMILY AND MEDICAL LEAVE ACT (FMLA) - CERTIFICATION OF FAMILY RELATIONSHIP

		Colleg	e	York College									
whom you Under the - Parents (I	ı will be o FMLA, fa biologica	caring or mily me II, adopt	for whembers ive, step	o or foster fathe	erwise taking le	ave.							
	ological, a either un	adoptive ider age	e, step c	or foster childrer ige 18 or older a									
			lude in	-laws, grandpar	ents, siblings ar	nd other exter	nded	family membe	rs.				
covered se - blood rel - brothers - grandpan - aunts and - first cous <b>UNLESS</b> tl	ervice me latives wh and siste rents d uncles ins he covere	ember's s no have ers	spouse, been gi	leave under FMI parent, son or c ranted legal cus ber has specifica regiver leave un	daughter in the stody of the cov ally designated	following ord ered service n	er of neml	priority: per by court de	cree or	statuto	ory pro	ovisions	
Employee	Informa	<u>ition:</u>							_				
Name									Emp	ol. ID			
Contract T	Γitle					Departme	nt						
Reason fo	r reques	ting lea	ve (Ch	eck appropriate	e box)								
To car	e for my	family n	nember	with serious he	ealth condition								
To car	re for a se	riously i	njured	or ill servicemer	mber or veterar	related to en	nploy	/ee					
☐ Family	/ membe	r is on o	r has be	en called to act	tive duty in the	military							
Family M	ember's	Name				Relat	ions	hip to Employ	ee				
					EMPLO	YEE CERTIFIC	ATI	<u>ON</u>					
l certify th defined.	at the far	mily mer	mber fo	r whom I need t	to provide care	for a serious h	ealth	n condition und	der the I	FMLA i	s a cov	vered fan	nily membe
Signature	·								Date -				
CUNY RE AND REL				O REQUEST SU MENTS.	JPPORTING D	OCUMENTS	SUC	TH AS BIRTH (	ERTIFI	CATE	S, MA	RRIAGE	CERTIFICA
RECEIVED	BY (Thi	s form r	nust be	signed by the	Director of Hu	man Resour	es o	r Designee)					
Name						Signature	<u>;</u>						
Date													

OHRM - FMLA FAMILY RELATIONSHIP CERTIFICATION FORM - 2015