



NEW YORK CITY HEALTH - HOSPITALS
55 WATER STREET, NEW YORK, NEW YORK 10041

**FAMILY AND MEDICAL LEAVE ACT (FMLA) CERTIFICATION OF
EMPLOYEE'S ESSENTIAL JOB FUNCTIONS FOR EMPLOYEE'S
SERIOUS HEALTH CONDITION**

(TO BE COMPLETED BY EMPLOYEE AND EMPLOYEE'S FACILITY/CENTRAL OFFICE SUPERVISOR)

INSTRUCTIONS: This form is to be completed within five business days in duplicate and **certified** by the Employee and his/her Supervisor and forwarded to the employee's Facility/Central Office Human Resources Department. Please scan and e-mail this form to: (Name of HR Representative) _____ or fax this form to: (Name of HR Representative) _____ at _____ Fax Number _____.

Name of Employee:	Title:	
Corporate Facility Address:	Unit:	Title Code #:

Based on the attached job description, which lists the employee's major job tasks/essential job functions, please indicate whether this list accurately describes the employee's essential job functions (primary job tasks). If this job description accurately describes the employee's essential job functions, then both the employee and supervisor must sign the certification below:

CERTIFIED BY:

(Print) Name and Title _____

Supervisor

Signature _____ Date _____

(Print) Name and Title _____

Employee

Signature _____ Date _____

If there are additional essential job tasks (primary job functions) that the employee performs that are **not** listed in the attached job description, please list them below:

Essential job functions performed by the employee, **not** listed in the attached job description:

1. _____
2. _____
3. _____
4. _____
5. _____

CERTIFIED BY:

(Print) Name and Title _____

Signature _____ **Supervisor**
Date _____

(Print) Name and Title _____

Signature _____ **Employee**
Date _____