



Business Services Center

A Division of the Office of General Services

Human Resources, Benefits Unit
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Physician's Certificate

<p>NOTICE TO EMPLOYEE – Complete Section 1 before you give this form to your physician. The completed form should be returned to the Business Services Center (BSC) Benefits Unit.</p> <p>For Family Medical Leave – Complete Section 3 on the back of this form.</p>	<p>NOTICE TO PHYSICIAN – The BSC Benefits Unit requires a physician's statement for employee injury/illness or family medical leave covering the employee's inability to work while charging accruals. This may serve as a basis for paying the employee while absent. This is also needed as a basis for placing an employee on sick leave at half pay or sick leave no pay status. Employees may be required to provide a new certificate every four weeks during extended periods of illness.</p>
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Section 1 – To be Completed by Employee			
Employee Name (First, Middle, Last, Suffix)		Reason(s) for Certificate Absent more than 4 days for illness/injury Family Sick Leave Workers' Compensation Sick Leave Half Pay/No Pay Other: Return to Work	
Employee's Title	Patient's Name, if Different		Relationship to Patient
Agency	Work Telephone Number ()	Home Telephone Number ()	Mobile Telephone Number ()

Section 2 – Physician's Statement (For family member illness, please complete Section 4 on the reverse side)			
Diagnosis (if applicable)			
Remarks (include referral to other provider of health services)			
Work Related Injury/Illness? Yes No		Was Hospitalization Required? Yes No	
Enter dates in the boxes below for the injury/illness covered by this certificate			
	Month	Day	Year
Date of Injury or Onset of Illness			
Date of Child Birth (if applicable)			
Date of Most Recent/Current Visit			
Next Medical Appointment			
Complete the Next Three Items for Employee Illness or Injury			
Date Employee Became Unable to Work			
Return to Work Date Estimated Actual			
Date Employee is Able to Return to Work on Full Duty Status			
Physician's Signature	Street Address		Telephone Number ()
Print Physician's Name	City	State	Zip Date Prepared

Section 3 – To be Completed by Employee Needing Family Sick Leave While Charging Accruals or Being Placed on Family Sick Leave No Pay Status

When Family Leave is needed to care for an ill family member, the employee needs to state below the care he or she will provide and an estimate of the time period during which this care will be provided, including a schedule if leave is to be taken intermittently or on a reduced leave schedule. The employee may charge up to 15 calendar days per year to sick leave for family sick leave. Further absences are charged to other leave categories.

Employee Signature

Date

Section 4 – Physician’s Statement – Family Member

FOR CERTIFICATION RELATING TO CARE FOR THE EMPLOYEE’S SERIOUSLY ILL FAMILY MEMBER, COMPLETE THE ITEMS BELOW AS THEY APPLY TO THE FAMILY MEMBER.

Does (or will) the patient require assistance for basic medical, hygiene, nutritional needs, safety or transportation? Yes No

After review of the employee’s signed statement in Section 3, is the employee’s presence necessary or would it be beneficial for the care of the patient? (This may include psychological comfort.) Yes No

Estimate the period of time care is needed or the employee’s presence would be beneficial:

Physician’s Signature

Date