

Employee Call Report-Off Form

Part 1

Questions and Statements must be read as written

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| Employee Name: _____ |
| Time of Call: _____ Date of Absence: _____ |
| Work Schedule: _____ |
| Phone Number: _____ |

Reason for Absence:

Illness Bereavement
 Vacation Accident
 Personal Other (specify)

If Sick Leave, is use for :

Self Spouse
 Parent Son/Daughter
 Other

Comments: _____

If absence is for an illness for you or your family member, do you have a State of Ohio Physician or Health Care Provider Certification For Family and Medical Leave (ADM4260) for this condition? Y/N ___

Part 2

Part 2 is completed if the employee is using sick leave and does not have a certified ADM 4260 form for the condition. The questions under Part 2 are asked and the form is completed by the employee's supervisor or designee.

How long are you going to be absent: _____

Will you or your family member be hospitalized? Yes No Out-Patient

Will you be applying for disability benefits? Yes No

Will you be applying for Workers Compensation? Yes No

Will you or your family member see a medical professional for this absence? Yes No

Are you under continuing care for this condition? Yes No

Call taken by: _____
(Supervisor or Designee) Date Phone#

(Signature)

Note: The employee should not be asked to disclose confidential medical information e.g. diagnosis or prognosis. The Office of Employee Services may follow-up to determine whether the absence is due to a FMLA qualifying event.