# Employee Call Report-Off Form

## Part 1

Questions and Statements must be read as written

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Time of Call:</th>
<th>Date of Absence:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Work Schedule:</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

### 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 (ADM 4260) 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.