EMPLOYEE CALL/REPORT-OFF FORM

PART 1

Questions and Statements Must Be Read As Written

Employee Name: _____

Time of Call: _____ Date of Absence: _____

Work Schedule: _____

Phone Number _____

(This Should be a number where the employee can be reached today for follow-up purposes as necessary)

REASONS FOR ABSENCE:

- ☐ Illness
- ☐ Vacation
- ☐ Personal
- ☐ Bereavement
- ☐ Accident
- ☐ Other (Specify)

IF SICK LEAVE, IS REASON FOR:

- ☐ Self
- ☐ Spouse
- ☐ Parent
- ☐ Son/Daughter
- ☐ Other _____ (specify)

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 The Family & Medical Leave (ADM 4260) for this condition? ☐ Yes ☐ No

Part 2

Part 2 is completed if the employee is using sick leave and does not have a certified ADM 4260 form for this 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 (In-patient) ☐ 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 or treatment for this condition? ☐ Yes ☐ No

If any of the questions were answered YES, please immediately forward this form to the Office of Employee Services 30 E Broad St 40th Floor; Fax 728-4683

Call taken by: _____

(Supervisor or Designee Department) Date Phone #

_____

Supervisor's Signature Date Phone #

NOTE: The employee should not be asked to disclose confidential medical information (I.e., diagnosis or prognosis). The Office of Employee Services may follow-up to determine whether the absence is due to an FMLA-qualifying event.

1/2004