

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	_____	
	<small>(This Should be a number where the employee can be reached today for follow-up purposes as necessary)</small>	
WHAT TYPE OF LEAVE IS TO BE USED? :	IF SICK LEAVE IS USED, USAGE IS FOR WHOM?:	
NOTES:		
	<div style="border: 1px solid black; padding: 5px;"><p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p></div>	

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 as an inpatient?
Will you be applying for disability benefits?
Will you be applying for Workers' Compensation?
Will you or your family member see a medical professional for this absence?
Are you under continuing care or treatment for this condition?

Call taken by: _____
(Supervisor or Designee 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 reason.

By clicking the submit button, and sending this form from my DAS Outlook email account, I certify that the facts contained in this form are a true and accurate record of the call off by the above named employee to me.