

McLaren Print System Order

Order No: 5771
Order Date: 2014-09-15
User: Melissa Hayes
Phone: 989-779-5624

Ship Location: Pickard Clinic
4639 E. Pickard St., Suite A
Mt. Pleasant, MI 48858

Forms

Quantity: 100
Paragon Dept No: 81075050566420
Dept Name: Pickard Clinic
Company Number: 810

Order Total Price: 3.60

Form Number: MM-3204
Form Description: Call-In Documentation (Absence/Tardiness)
Revision Date: 7/2013
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None

McLaren Medical Group
CALL-IN DOCUMENTATION (ABSENCE/TARDINESS)

_____ contacted _____ at _____
(Employee name) (Contact name) (Time)

on _____ to report that he/she will not be reporting to
(Date and time)

work/he'll be reporting to work late on _____
(Date and time)

Normally scheduled start time: _____

The following information was obtained during the call:

How was absence/tardiness reported?: Direct contact: In-person Phone
Message** Voicemail Written Text

Who reported the absence/tardiness?*: _____

Was it reported at least 24 hours prior to the occurrence? Yes No

Reason employee is not able to report to work/report to work on time:
Illness of (choose one): Self Spouse Parent Child

Or other reason: _____

Indicate illness/circumstances: _____

What is the expected duration of the absence/tardiness?: _____

Are you or the affected person under the care of a physician or health care provider for the above condition (if applicable)? Yes No

NOTE TO MANAGER:
If you believe the absence/tardiness to be FMLA eligible, contact the Human Resources Department for follow-up.

**If reported via message or someone other than the employee, direct follow-up contact must be made with the employee.

(Signature of manager/designee)