

**McLaren Print System Order**

**Order No: 5786**  
**Order Date: 2014-09-15**  
**User: McLaren BC**  
**Phone: floor**

**Ship Location:**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 1122**  
**Dept Name: Already printed**  
**Company Number: 810**

**Order Total Price: 0.00**

**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: \_\_\_\_\_

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What is the expected duration of the absence/tardiness?: \_\_\_\_\_

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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)