



HEMOCARE GROUP

- Homecare Services Hospice Services
 Bay Davison Lansing Sterling Heights Mt. Pleasant

CALL IN DOCUMENTATION

Date Call Received: _____ Call Received by: _____

Employee Name: _____

Position/ Title: _____

FMLA Related Absence? Yes No

Communicable Infection? Yes No

Date of Absence: _____

If yes for communicable infection, advise employee to fill out Infection Surveillance Form MC 254.

Supervisor Signature: _____