

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
(Day and date)

work/will be reporting to work late on _____.
(Day and date)

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)