

**McLaren Print System Order**

**Order No: 8017**  
**Order Date: 2015-01-07**  
**User: Denise Turner**  
**Phone: 810 342-1711**

**Ship Location: Denise Turner**  
**1314 S. Linden Rd., Suite C**  
**Flint, MI 48532**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 63550**  
**Dept Name: McLaren-Flint Community Medical Center**  
**Company Number: 810**

**Order Total Price: 0.00**

**Item Number: MM-3204**  
**Item 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**  
**Misc Info:**

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

\_\_\_\_\_ contacted \_\_\_\_\_ at \_\_\_\_\_  
(Employee Name) (Contact Name) (Phone)

on \_\_\_\_\_ to report that he/she will not be reporting to  
(Date and time) (Employee Name)

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)