

INSTRUCTIONS:

- Please use **TAB KEY** to move from field to field.
- **DO NOT** use the return (enter) key.

**BWC EMPLOYEE
CALL-OFF RECORD**

PART 1- TO BE COMPLETED BY SUPERVISOR TAKING THE INITIAL PHONE CALL	
Employee name Kim Rogers	Employee's home phone number ()
Employee department Dayton Service Office	
Time of call-off 7:27 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Date of absence 10/11/2012
Call taken by Eric Corcoran	

Is there an FMLA on file for this illness? Yes No

What is the reason for the absence?

Bereavement Emergency Accident Other _____

Not feeling well and will not be in

Who is ill?

Self Spouse Parent Son/Daughter

What type of leave is being requested?

Sick leave Personal leave Vacation leave Compensatory time

Supervisor signature 	Date 10/11/2012	Telephone number (937) 264-5044
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PART 2- TO BE COMPLETED BY THE DEPARTMENT/OFFICE FMLA COORDINATOR		
1. How long are you going to be absent? _____		
2. Will you or your family member be hospitalized?	<input type="checkbox"/> Yes (in-patient)	<input type="checkbox"/> No
3. Will you be applying for disability benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Will you or your family member see a medical professional for this absence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you under continuing care or treatment for this condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Did your physician prescribed medication for this condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Does this absence involve the birth of a child by your family member, spouse or yourself, or the placement of a child for adoption or foster care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Coordinator's signature	Date	Telephone number ()