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| OMES logo | **Call-in Sheet for Supervisors** |

This call-in sheet is intended to identify the potential need for Family Medical Leave (FMLA). The form shall be completed by supervisors only, and employees should not be asked to complete the form.

Employee Name       ID       Date       Time

What is the reason for the absence?

If the employee has been approved for FMLA, please ask whether the leave is related to the current approved FMLA event. If "yes", no additional information is necessary. The supervisor shall assist the employee with completing the timesheet and notifying HCM.

Did you visit a health care provider?

How long will you be away from work?

**Supervisors please contact HR if employee reports:**

1. Conditions requiring an overnight stay in a hospital or other medical care facility;
2. Conditions that incapacitate an employee or a family member (for example, unable to work or attend school) for more than 3 consecutive days and have ongoing medical treatment (either multiple appointments with a health care provider or a single appointment and follow-up care such as prescription medications);
3. Chronic conditions that cause occasional periods when an employee or a family member is incapacitated and require treatment by a health care provider at least twice a year; and
4. Pregnancy (including prenatal medical appointments, incapacity due to morning sickness, and medically required bed rest).