

SAMPLE COMPANY ABSENCE CALL CHECKLIST

Employee Responsibilities Regarding Absences:

- If an employee is unable to come into work, he/she must call in to his/her immediate Supervisor at least 60 minutes prior to his/her start time.
- If the immediate supervisor is not available, he/she must call the call-in voicemail box.

Supervisor Responsibilities Regarding Absences:

- Investigate and verify all relevant information regarding employee absences. Determine if the absence is legitimate or suspect. This involves using this form to document and verify absences and to ensure that quick responsive action is taken to discourage non-legitimate absences.
- Require medical confirmation of an absence of three consecutive days or more.
- If absences are suspect, when the employee returns conduct a counseling meeting to discuss the absences and to set objectives and establish a follow-up plan as documented in the Policies and Procedures Manual.

Employee Name:	Supervisor's Name:		
Date of Absence:	Date/Time of Supervisor Call:		
Is This a Pattern or Suspect Absence? Y N	Number of Calls Required to Reach Employee:		
Employee's Stated Reason For Absence:	Number of Days to be Depleted From the Emergency Leave Bank as a Result of the Absence:		
In your call to the employee, did you:	Yes	No	
Outline the policy if the employee did not call-in.	<input type="checkbox"/>	<input type="checkbox"/>	
Explain the policy regarding legitimate vs. non-legitimate absences.	<input type="checkbox"/>	<input type="checkbox"/>	
Tell the employee that they are missed when absent.	<input type="checkbox"/>	<input type="checkbox"/>	
Identify whether there is anything that should be done by Sample Company (in the event of a family death or serious illness) to either offer support or (in the event of other issues) to reduce the likelihood of reoccurrence. (Include details here)	<input type="checkbox"/>	<input type="checkbox"/>	
If this is the employee's third consecutive absence, that medical confirmation is required.	<input type="checkbox"/>	<input type="checkbox"/>	
Determine if the reason for absence was an unreported injury at Sample Company (in which case a Form 7 must be completed immediately).	<input type="checkbox"/>	<input type="checkbox"/>	
Determine if additional follow-up is required. (Include details here)	<input type="checkbox"/>	<input type="checkbox"/>	

Supervisor's Signature

Upon completion, send original to Human Resources