

OKOLONA FIRE DEPARTMENT

8501 Preston Highway
Louisville, Kentucky 40219

REPORT OF CALL-IN FOR SICK OR EMERGENCY LEAVE

Employee Name: _____

Starting Date (mm/dd/yy): _____ Starting time (HH:MM): _____

Ending Date (mm/dd/yy): _____ Ending time (HH:MM): _____

Sick Leave: _____ Emergency Leave: _____

Family Medical Leave: _____ (FMLA, no note will be required if medical certification has already been submitted)

For Emergency Leave – Nature of Emergency:

Sick Leave Documentation Requirement:

- If this absence will be the ***third*** absence within the past twelve (12) months for all employees, a Healthcare Professional's note is required. (The first and second absences ***do not*** require a Healthcare Professional's note.)

OR:

- If ***this*** absence will be two (2) full duty days (24/48 Employees) or three to five (3 to 5) full duty days (40 hour Employees) - Healthcare Professional's note is required.
- If ***this*** absence will be more than two full duty days (24/48) Employees or more than five (5) full duty days (40 hour Employees), Family Medical Leave Act Healthcare Provider certification is required.

Was Employee informed that a note is required? Yes: _____ No: _____

Call in Taken by: _____

Date (mm/dd/yy): _____ Time (HH:MM): _____

Scheduling Officer: _____ Date (mm/dd/yy): _____

Fire Chief: _____ Date (mm/dd/yy): _____