


<b>Name of Policy:</b>	<u>Reporting of Absences</u>	 <b>Effective Date:</b> 7/6/21 Initial Effective Date: 6.1.2010
<b>Policy Number:</b>	3364-103-CCC-03	
<b>Department:</b>	Service Excellence - Customer Call Center	
<b>Approving Officer:</b>	Director	
<b>Responsible Agent:</b>	Service Excellence, Operations Manager	
<b>Scope:</b>	UTMC Customer Call Center	
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Minor/technical revision of existing policy		
<input checked="" type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy		

**(A) Policy Statement**

The immediate supervisor, direct report, or their designee is to be notified by the employee if he/she is unable to report to work as scheduled two (2) hours prior to scheduled shift.

**(B) Purpose of Policy**

To provide a uniform method for reporting the inability to work as scheduled.

**(C) Procedure**

When an employee is unable to report for work as scheduled, notification should be made in the following manner:

1. If the employee is sick and has available sick time or is calling off under FMLA absence only, the staffing call off line will be called at 419-383-6717 at least 2 hours before their scheduled shift. The employee must state name, shift, and reason unable to report as scheduled. The employee must clearly state if they are using sick time or an FMLA.
2. Employees calling off sick with no accrual of time in their bank(s) and/or need to request the time off work using other bank time (vacation, comp, personal, unpaid), will be required to call 419-383-6717 at least 2 hours before their scheduled shift begins and leave a message for the supervisor/manager on duty stating the following: name, shift, the request for time off, a working call back number for the supervisor/manager to call back and discuss the situation.
  - a. The supervisor/manager on duty may grant or deny requests based on operational needs.
  - b. A request does not automatically grant the time off. Approval must be obtained by the supervisor on duty.
3. Employees need to call in themselves unless they are unable to because of an emergency situation, only then can a family member or other representative call for the employee.
4. Family Medical Leave Act (FMLA)
  - a. If you are going to be off work more than 3 consecutive days due to a serious illness, you are required to contact Human Resource Department at 419-383-6785 to inquire for the proper application.
  - b. For FMLA, the employee must also report the time to FMLASource via phone (1-833-955-3388), app, or website (<https://www.fmlasource.com/FMLAWeb/login/login.xhtml>) within 24 hours.
  - c. If the employee currently has multiple FMLAs, they must state which one. There must be a current FMLA to state that the call off is for "FMLA".
  - d. If the employee is calling off related to a pending FMLA, employee must state "pending FMLA" in the voice message.

5. If no reason (sick or FMLA) is stated in the message; or unauthorized reason is provided on the call off line, it is considered unauthorized time off which is subject to progressive discipline up to and including termination.

Employees are encouraged to inform their immediate manager/supervisor of any problems they are experiencing that may be affecting their attendance.

Employees will be informed of the name(s) of supervisor(s) and/or designee(s) who are to be called concerning inability to work due to illness. Employees shall be eligible for sick leave payment if they are prevented from calling in prior to the shift by acts of nature or other events documented by a police accident report, hospital admission, or Emergency Room slip. Each and every late call off will be considered a separate violation.

This policy includes all Hourly Bargaining Unit employees and all Hourly Bargaining Unit Exempt employees (Supervisors).

<p style="text-align: center;"><b>Approved by:</b></p>  <p style="text-align: center;">/s/ _____ 7/6/21 Joshua Krupinski                                  Date Director</p>   <p><i>Review/Revision Completed By: Service Excellence Department</i></p>	<p><b>Review/Revision Date:</b></p> <p>2/1/2013 2/1/2016 10/4/2019 7/6/21</p>   <p><b>Next Review Date:</b> 7/6/24</p>
<p><b>Policies Superseded by This Policy:</b> None</p>	

*It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.*