



COOK COUNTY SHERIFF'S OFFICE

ACKNOWLEDGEMENT OF LATE CALL

You recently failed to follow Sheriff's Office rules and regulations for timely calling-in FMLA. Please use this form to explain and verify whether your failure to follow the rules and regulations was due to unusual circumstances related to the serious medical condition for which you have Family Medical Leave. You must be specific, as vague or non-responsive explanations as to why you could not follow call-in procedures may result in the absences being marked unauthorized, discipline being issued, a re-certification form being sent to your medical provider and/or a request for more information.

MEMBER INFORMATION

MEMBER (NAME):		STAR NUMBER:	DATE SUBMITTED:
DEPARTMENT:		RANK:	JDE NUMBER:
WORK LOCATION:	SHIFT:	DETAIL:	WORK PHONE NUMBER:

ACKNOWLEDGEMENT

I, _____, attest that my failure to follow the call-in rules on _____ was due to the following unusual circumstances:

NAME
DATE(S)

CHECK IF DOCUMENTATION/PROOF IS ATTACHED
(RECOMMENDED BUT NOT REQUIRED)

I understand that if my failure to follow the call-in rules was a result of unusual circumstances caused by the serious health condition set forth in my Family Medical Leave Certification, then the hours missed will be counted against my leave entitlement under FMLA and Sheriff's Office policy. I also understand that providing false or misleading information about my absence violates Sheriff's Office policy and shall result in disciplinary action, up to and including termination.

In the event your failure to follow time and attendance rules was a result of unusual circumstances related to your certified FMLA medical condition, please indicate what type of benefit time you initially attempted to use with your FMLA (if any) _____ when you called in late. If you did not indicate any type of benefit time, called in less than one hour prior to or called in during your shift, then it will automatically be FMLA-0.

MEMBER (NAME):	MEMBER (SIGNATURE):	DATE:
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