

McLaren Print System Order

Order No: 44580 Reprint Previous Order No: 8112
Order Date: 2019-04-16
User: Lynette Lind
Phone: 9893932775

Ship Location: **MCLAREN UPTOWN BUILDING MCLAREN ORTHOPEDIC SURGERY ATTN LYN
4 COLUMBUS AVE SUITE 160 ATT LYN
BAY CITY MICHIGAN 48708,**

Forms

Quantity: 100
Paragon Dept No: 69150
Dept Name: MCLAREN BAY ORTHOPEDIC
Company Number: 810

Order Total Price: 11.17

Item Number: MHCC-612
Item Description: Request for Scheduled Absence
Revision Date: 7/2014
Print: 1 sided black and white
Paper: 3 Part (White, Yellow, Pink)
Size: 8.5 x 11
Fold:
Finish:
Drill:
Misc Info:



McLaren Bay Region McLaren Upper Region
 McLaren Central Michigan McLaren Midland
 McLaren Eastern McLaren Midland & Spring
 McLaren Eastern & Spring McLaren Central Michigan
 McLaren Health Care McLaren Health Care
 McLaren Intensive Care McLaren Intensive Care
 McLaren Other McLaren Other

Request for Scheduled Absence

Today's Date: _____
To: _____
From: _____

I would like to request the following time off:
 PTO (for two and a half days, one of requests must be in volume of at least 1 day)
 Other (for two and a half days, one of requests must be in volume of at least 1 day)

Comments: _____

PTO Hours Available: _____
Approved: _____ Not Approved: _____
I have used this request for time off without it being: _____

Date: _____ Employee Signature: _____
Date: _____ Supervisor Signature: _____



McLaren Bay Region McLaren Upper Region
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Date: _____ Supervisor Signature: _____