

**McLaren Print System Order**

Order No: 48109  
 Order Date: 2019-08-29  
 User: jacqueline silva  
 Phone: 810-342-2270

Ship Location: McLaren Flint- 10 South Attn: Ann  
 401 south ballenger hwy  
 flint, michigan 48532

**Forms**

Quantity: 100  
 Paragon Dept No: 23040  
 Dept Name: 10 south  
 Company Number: 60

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 HEALTH CARE**

McLaren Flint Region     McLaren Upper Region  
 McLaren Central Michigan     McLaren Midland     McLaren Midland II Group  
 McLaren Eastern     McLaren Eastern Michigan     McLaren Eastern Michigan II Group  
 McLaren Eastern II Group     McLaren Eastern Michigan II Group     McLaren Eastern Michigan II Group  
 McLaren Health Care     McLaren Health Care     McLaren Health Care  
 McLaren Intensive Care     McLaren Intensive Care     McLaren Intensive Care  
 McLaren Cancer Institute     McLaren Cancer Institute     McLaren Cancer Institute

**Request for Scheduled Absence**

Today's Date: \_\_\_\_\_  
 To: \_\_\_\_\_  
 From: \_\_\_\_\_

I would like to request the following time off:

PTO (for two and a half hours, one of requests must be in increments of 15 minutes)

Other (List Day, Reason, etc.) \_\_\_\_\_  
 Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PTO Hours Available:** \_\_\_\_\_  
 Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

I have read this request for time off and found it correct.

Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

**Spec Info:**

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