

McLaren Print System Order

Order No: 5796  
Order Date: 2014-09-15  
User: Melissa Hayes  
Phone: 989-779-5624

Ship Location: Pickard Clinic  
4639 E. Pickard St., Suite A  
Mt. Pleasant, MI 48858

Forms

Quantity: 100  
Paragon Dept No: 81075050566420  
Dept Name: Pickard Clinic  
Company Number: 810

Order Total Price: 4.23

Form Number: MHCC-612  
Form 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: None  
Finish:  
Drill:

McLaren Bay Region  
 McLaren Grand Haven  
 McLaren Holland  
 McLaren Jackson  
 McLaren Kalamazoo  
 McLaren Leeland/Luding  
 McLaren Mount Pleasant  
 McLaren North Olive  
 McLaren North West  
 McLaren Sparrow Health  
 McLaren Traverse City  
 McLaren West Branch

McLaren Bay Region  
 McLaren Grand Haven  
 McLaren Holland  
 McLaren Jackson  
 McLaren Kalamazoo  
 McLaren Leeland/Luding  
 McLaren Mount Pleasant  
 McLaren North Olive  
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 McLaren North Olive  
 McLaren North West  
 McLaren Sparrow Health  
 McLaren Traverse City  
 McLaren West Branch

**Request for Scheduled Absence**

Today's Date: \_\_\_\_\_  
To: \_\_\_\_\_  
From: \_\_\_\_\_  
I would like to request the following time off:  
 PTO (for the amount check one of requests must be initials of all request days)  
 Other (for Sick, Bereavement, etc)  
Details: \_\_\_\_\_  
Comments: \_\_\_\_\_  
Comments: \_\_\_\_\_  
Comments: \_\_\_\_\_

PTO Hours Available: \_\_\_\_\_  
Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_  
I have read this request for time off and hold it correct.

\_\_\_\_\_  
Employee Signature  
\_\_\_\_\_  
Supervisor Signature

McLaren Bay Region  
 McLaren Grand Haven  
 McLaren Holland  
 McLaren Jackson  
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