

McLaren Print System Order

Order No: 6127
Order Date: 2014-09-29
User: Amie Hughson
Phone: 810-396-5736

Ship Location: McLaren Medical Lab - Hematology / Amie Hughson
4000 S Saginaw St
Flint, Mi 48507

Forms
Quantity: 100
Paragon Dept No: 34160
Dept Name: McLaren Medical Lab - Hematology
Company Number: 60

Order Total Price: 10.87

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:
Finish:
Drill:

McLaren Bay Region
 McLaren Grand Rapids
 McLaren Macomb
 McLaren Okemos
 McLaren Port Huron
 McLaren Spartanburg
 McLaren Tri-City
 McLaren Westland
 McLaren Woodhaven
 McLaren Zeeb

McLaren Bay Region
 McLaren Grand Rapids
 McLaren Macomb
 McLaren Okemos
 McLaren Port Huron
 McLaren Spartanburg
 McLaren Tri-City
 McLaren Westland
 McLaren Woodhaven
 McLaren Zeeb

Request for Scheduled Absence

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

PTO Hours Available: _____
Approved: (initials and date) _____ Not Approved
I have read this request for time off and find it correct.

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

McLaren Bay Region
 McLaren Grand Rapids
 McLaren Macomb
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Employee Signature: _____ Date: _____