

McLaren Print System Order

Order No: 7705
Order Date: 2014-12-17
User: Jennifer Minto
Phone: 810-342-1040

Ship Location: MMG/Jennifer Minto
G-1080 N. Ballenger Hwy ste A
Flint, mi 48504

Forms

Quantity: 100
Paragon Dept No: 90680
Dept Name: Practice Management
Company Number: 810

Order Total Price: 10.87

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: None
Finish:
Drill:
Misc Info:

McLean Day Report McLean Leave Report
 McLean Clinical Manager McLean Monthly
 McLean Calendar McLean Billing & Insp
 McLean Patient Care McLean Performance
 McLean Safety & Quality McLean Patient Manager
 McLean Health Care McLean Post-Op
 McLean Health Plan Other _____
 McLean Insurance Group McLean Client Address

Request for Scheduled Absence

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

I would like to request the following time off:

PTO (for two week notice, one of requests must be volume of all requested days)
 Other (List Day, Reason, etc.) _____
Date: _____ Employee Signature: _____
Date: _____ Supervisor Signature: _____

PTO Request Availability _____ Not Approved
Approved (insert date/time) _____
I have read this request for time off and found it correct.

McLean Day Report McLean Leave Report
 McLean Clinical Manager McLean Monthly
 McLean Calendar McLean Billing & Insp
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