

McLaren Print System Order

Order No: 8142  
Order Date: 2015-01-12  
User: Travis Summerville  
Phone: 248-922-6820

Ship Location: Physical Therapy ATTN: Travis Summerville  
5701 Bow Pointe Dr, Suite 310  
Clarkston, MI 48346

Forms  
Quantity: 100  
Paragon Dept No: 8437  
Dept Name: Physical Therapy  
Company Number: 310

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:  
Finish:  
Drill:  
Misc Info:



McLaren Health Region  
 McLaren Cancer Management  
 McLaren Children  
 McLaren Community Learning  
 McLaren Health Care  
 McLaren Intensive Care  
 McLaren Primary Care  
 McLaren Spine & Joint  
 McLaren Stroke & Neuro  
 McLaren Women's Health  
 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 increments of at least one day)  
 Other (List Day, Treatment, etc.)  
Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

**PTD Inquiry Availability**  
Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_  
I have used this request for time off without it being correct.



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