

McLaren Print System Order

Order No: 8352 Reprint Previous Order No: 8112
Order Date: 2015-01-21
User: Lynette Clark
Phone: BALLENGER VILLAGE

Ship Location: BALLENGER VILLAGE/Lynette Clark
G1080 BALLENGER HWY Suite C-J
FLINT, MI 48532

Forms

Quantity: 500
Paragon Dept No: 90010566430
Dept Name: PHYSICIAN BILLING
Company Number: 810

Order Total Price: 48.88

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 Erie Region McLaren Eastern Region
 McLaren Eastern Michigan McLaren Health
 McLaren Eastern McLaren Health & Drug
 McLaren Eastern & Central McLaren Health Services
 McLaren Health Care McLaren Health Plan
 McLaren Health Services McLaren Health System
 McLaren Health System McLaren Health System

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 volume of at least 1 day)
 Other (List Day, time period, etc.) _____
Date: _____
Employee Signature: _____
Supervisor Signature: _____

PTO Inquiry Availability
Approved: _____ Not Approved: _____
Date: _____ Date: _____

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

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