

McLaren Print System Order

Order No: 8568  
Order Date: 2015-01-28  
User: Jacklen Edwards  
Phone: 810-342-2673

Ship Location: Educational Resources 4 North  
401 S Ballenger Hwy  
Flint, MI 48532

Forms

Quantity: 100  
Paragon Dept No: 93520  
Dept Name: Educational Resources  
Company Number: 60

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 CARE  
 All over 1 year  
 All over 2 years  
 All over 3 years  
 All over 4 years  
 All over 5 years  
 All over 6 years  
 All over 7 years  
 All over 8 years  
 All over 9 years  
 All over 10 years  
 Other \_\_\_\_\_  
 Extension of current contract

Request for Scheduled Absence

Today's Date: \_\_\_\_\_  
To: \_\_\_\_\_  
From: \_\_\_\_\_  
I would like to request the following time off:  
 PTO (to be used within 12 months of request must be in increments of 1/2 day)  
 Other (to be used within 12 months of request must be in increments of 1/2 day)  
Comments: \_\_\_\_\_  
\_\_\_\_\_

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

Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

McLaren HEALTH CARE  
 All over 1 year  
 All over 2 years  
 All over 3 years  
 All over 4 years  
 All over 5 years  
 All over 6 years  
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Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_  
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Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_