

**McLaren Print System Order**

Order No: 43353  
Order Date: 2019-03-05  
User: margaret coucke  
Phone: 810-342-4684

Ship Location: Margaret Coucke/Radiology  
401 S. Ballenger  
Flint, MI 48532

Forms  
Quantity: 500  
Paragon Dept No: 32010  
Dept Name: Radiology  
Company Number: 60

Order Total Price: 50.38

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:

The form includes the McLaren HealthCare logo and a list of checkboxes for various departments: McLaren Eye System, McLaren Cancer Management, McLaren Children's Hospital, McLaren Geriatric Services, McLaren Health Care, McLaren Hospice, McLaren Imaging, McLaren Intensive Care, McLaren Labor & Delivery, McLaren Maternal & Neonatal, McLaren Medical Group, McLaren Neuroscience, McLaren Orthopedics, McLaren Pathology, McLaren Performance Improvement, McLaren Primary Care, McLaren Radiation Therapy, McLaren Rehabilitation, McLaren Respiratory, McLaren Spine, McLaren Sports Medicine, McLaren Surgery, McLaren Transplant, McLaren Urology, McLaren Women's Health Services, McLaren Workforce Development, McLaren X-ray.

**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, Replacement, etc)  
Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

**PTD Inquiry Available:** \_\_\_\_\_ Not Applicable  
Approved: \_\_\_\_\_ Not Applicable  
I have read this request for time off and find it correct.

**Spec Info:**

The form includes the McLaren HealthCare logo and a list of checkboxes for various departments: McLaren Eye System, McLaren Cancer Management, McLaren Children's Hospital, McLaren Geriatric Services, McLaren Health Care, McLaren Hospice, McLaren Imaging, McLaren Intensive Care, McLaren Labor & Delivery, McLaren Maternal & Neonatal, McLaren Medical Group, McLaren Neuroscience, McLaren Orthopedics, McLaren Pathology, McLaren Performance Improvement, McLaren Primary Care, McLaren Radiation Therapy, McLaren Rehabilitation, McLaren Respiratory, McLaren Spine, McLaren Sports Medicine, McLaren Surgery, McLaren Transplant, McLaren Urology, McLaren Women's Health Services, McLaren Workforce Development, McLaren X-ray.

**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, Replacement, etc)  
Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

**PTD Inquiry Available:** \_\_\_\_\_ Not Applicable  
Approved: \_\_\_\_\_ Not Applicable  
I have read this request for time off and find it correct.