

McLaren Print System Order

Order No: 46397
 Order Date: 2019-06-20
 User: Renee Bell
 Phone: 810 342 2406

Ship Location: 6 central mclaren flint attn renee
 401 s ballenger hwy
 flint michigan 48532,

Forms

Quantity: 100
 Paragon Dept No: 23090
 Dept Name: transitional care unit telemetry
 Company Number: 60

Order Total Price: 11.17

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 Flint Region McLaren Upper Region
 McLaren Central Michigan McLaren Midland
 McLaren East Lansing McLaren Westland
 McLaren Eastern Michigan McLaren Jackson
 McLaren Health Care McLaren Port Huron
 McLaren Intensive Care McLaren Other _____
 McLaren Other Facility _____

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 8000 hrs)
 Other (for two and a half days, one of requests must be in volume of at least 8000 hrs)

Comments: _____

PTD Hours Available: _____ Not Approved
 Approved (enter amount) _____

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

Date _____ Employee Signature _____
 Date _____ Supervisor Signature _____

Spec Info:

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 Date _____ Supervisor Signature _____