

McLaren Print System Order

Order No: 6192
Order Date: 2014-10-01
User: Yvonne Mulcahy
Phone: 25505

Ship Location: 5 north Joint and Spine
401- S Ballenger Hwy
Flint, MI 484532

Forms
Quantity: 100
Paragon Dept No: 23020
Dept Name: Joint and Spine
Company Number: 60

Order Total Price: 10.87

Form Number: MHCC-612
Form 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:

McLaren Bay Region
 McLaren Grand Rapids
 McLaren Macomb
 McLaren Okemos
 McLaren Spartanburg
 McLaren Spectrum Health
 McLaren Westland
 McLaren Woodhaven
 McLaren Mount Carmel
 McLaren Health Care
 McLaren Health System
 McLaren Health Services
 McLaren Health Plan
 McLaren Health Partners
 McLaren Health Services
 McLaren Health Services

Request for Scheduled Absence

Today's Date: _____
To: _____
From: _____
I would like to request the following time off:
 PTO (for the amount check one of requests must be indicated if requested days off)
 Other (for Sick, Bereavement, etc)
Details: _____
Comments: _____
PTO Hours Available: _____
Approved: _____ Not Approved: _____
I have read this request for time off and would like to request:
Date: _____ Employee Signature: _____
Date: _____ Supervisor Signature: _____

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 McLaren Grand Rapids
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