

McLaren Print System Order

Order No: 7500
 Order Date: 2014-12-05
 User: Sandra Dodge
 Phone: 810-342-2308

Ship Location: Sandy Dodge
 401 South Ballenger Highway
 Flint, Mi 48532

Forms
 Quantity: 1000
 Paragon Dept No: 31010
 Dept Name: Emergency
 Company Number: 60

Order Total Price: 93.00

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

McLean City Region McLean Upper Region
 McLean Central Region McLean Midland
 McLean Eastern McLean Midland Group
 McLean Eastern Group McLean Midland Region
 McLean Health Care McLean Professional
 McLean Intensive Care Other _____
 McLean Intensive Group McLean Clinical Institute

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, Reason, etc.) _____
 Date: _____
 Employee Signature: _____
 Supervisor Signature: _____

PTO Request Availability _____ Not Applicable
 Approved (Date/Time) _____
 I have read this request for time off and find it correct.

Date: _____
 Employee Signature: _____
 Supervisor Signature: _____



McLaren HEALTH CARE

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