

**McLaren Print System Order**

**Order No: 8189**  
**Order Date: 2015-01-13**  
**User: Angela DeLaRosa**  
**Phone: 3720 Katalin Ct, Suite 201 (989) 893-9705**

**Ship Location: McLaren Bay Region Family Medicine/Attn Angela DeLaRosa**  
**3270 Katalin Ct, Suite 201**  
**Bay City, MI 48706**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 69000**  
**Dept Name: McLaren Medical Group**  
**Company Number: 810**

**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**

McLaren Bay 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 Children's

**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 volume of scheduled days off)  
 Other (List Day, Treatment, etc.)  
Date: \_\_\_\_\_

**Comments:** \_\_\_\_\_

**PTO Hours Available:** \_\_\_\_\_  
Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

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

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

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