

McLaren Print System Order

Order No: 8338
Order Date: 2015-01-21
User: Judy Fago
Phone: 586-464-4010

Ship Location: Denise Montrose
1030 Harrington
Mt Clemens, MI 48043

Forms

Quantity: 100
Paragon Dept No: 60185
Dept Name: Macomb Cardiovascular
Company Number: 260

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:

McLean Blue Region
 McLean Capital Region
 McLean Eastern Shore
 McLean Health Care
 McLean Mid-Atlantic
 McLean Northern Virginia
 McLean Potomac Region
 McLean South Atlantic
 McLean South West
 McLean Tri-County
 McLean Virginia Beach
 McLean Western Shore
 Other _____

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 in volume of at least 10 days)
 Other (for two week notice, one of requests must be in volume of at least 10 days)

Comments: _____

PTO Request Available: _____ Not Approved
Approved: _____
I have read this request for time off and find it correct.

Date: _____ Employee Signature: _____
Date: _____ Supervisor Signature: _____

McLean Blue Region
 McLean Capital Region
 McLean Eastern Shore
 McLean Health Care
 McLean Mid-Atlantic
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Approved: _____
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Date: _____ Employee Signature: _____
Date: _____ Supervisor Signature: _____