

McLaren Print System Order

Order No: 70042 Reprint Previous Order No: 37106

Order Date: 2022-05-26 **User: Rebecca Kleeves** Phone: 8199893360

Ship Location: McLaren Port Huron 2S Surgical Services office Attn: Becky Kleeves

1221 Pine Grove Ave Port Huron, MI 48060-3568

Forms Quantity: 3

Paragon Dept No: 28550 **Dept Name: Surgical Services Company Number: 480**

Order Total Price: 23.25

Item Number: MHCC-612-PH

Item Description: Request for Scheduled Absence (Port Huron)

Revision Date: 6/2018

Print: Paper: Size: Fold: Finish: Drill:

Misc Info: packages of 100 2 part 5.5x8.5; ss; black





| PORT HORON | PORT HORON |
|--|---|
| Request for Scheduled Absence | Request for Scheduled Absence |
| Today's Date: | Today's Date: |
| То: | To: |
| From: | From: |
| I would like to request the following time off: | I would like to request the following time off: |
| PTO (let first and second choice; time of requests should be inclusive of all requested days of). | PTO (list first and second choice; time off requests should be inclusive of all requested days off) |
| G Other (July Duty Benovement, etc) | G Other (July Duty Benovement, etc) |
| Dates: | Dates: |
| Comments: | Comments: |
| PTO Hours Available: Approved Competin makes 100 Not Approved | PTO Hours Available: |
| Approved Continent or installed PTONot Approved hours all time of allowers. | Approved Continue or assiste PTONot.ApprovedNot.Approved |
| I have read this request for time off and found it correct. | I have read this request for time off and found it correct. |
| Date Employee Signature | Date Employee Signature |
| Date Supervisor Signature | Date Supervisor Signature |
| White Copy Manager Yellow Copy Staplings Book or a viru. In | White Copy. Warrager Nation Copy. Engineers agent control to a |