

**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



**Request for Scheduled Absence**

Today's Date: \_\_\_\_\_  
To: \_\_\_\_\_  
From: \_\_\_\_\_

I would like to request the following time off:

PTO (Set first and second choice; time off requests should be inclusive of all requested days off)

Other (Jury Duty, Bereavement, etc)

Dates: \_\_\_\_\_

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

PTO Hours Available: \_\_\_\_\_  
\_\_\_\_ Approved (Set first and second choice; time off requests should be inclusive of all requested days off) \_\_\_\_\_ Not Approved

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

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

White Copy: Manager  
Yellow Copy: Employee  
MHCC-612-PH-A-16

**Request for Scheduled Absence**

Today's Date: \_\_\_\_\_  
To: \_\_\_\_\_  
From: \_\_\_\_\_

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Dates: \_\_\_\_\_

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

PTO Hours Available: \_\_\_\_\_  
\_\_\_\_ Approved (Set first and second choice; time off requests should be inclusive of all requested days off) \_\_\_\_\_ Not Approved

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

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

White Copy: Manager  
Yellow Copy: Employee  
MHCC-612-PH-A-16