

McLaren Print System Order

Order No: 77818 Reprint Previous Order No: 77816
Order Date: 2023-06-14
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: 500
Paragon Dept No: 28550
Dept Name: Surgical Services
Company Number: 480

Order Total Price: 32.50

Item Number: MHCC-674-PH
Item Description: Time Off Request
Revision Date: 06/2023
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish: Padded (50 Sheets Per Pad)
Drill: None
Misc Info: 5.5x8.5 2 Part Black



REQUEST FOR SCHEDULED ABSENCE

Today's Date: _____
To: _____
From: _____

I would like to request the following time off:

- PTO (1st 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 Contingent on available PTO hours at time of absence. _____ Not Approved

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

____ Date _____ Employee Signature

____ Date _____ Supervisor Signature