

## McLaren Print System Order

Order No: 81946 Reprint Previous Order No: 79016  
 Order Date: 2024-01-02  
 User: Diane Recker  
 Phone: 989-772-6734

Ship Location: McLaren Central Michigan - 1221 S Drive Attn: Kandi  
 1221 S Drive  
 Mt. Pleasant, MI 48858

### Forms

Quantity: 500  
 Paragon Dept No: 27250  
 Dept Name: Radiology  
 Company Number: 360

Order Total Price: 94.75

Item Number: 655-783  
 Item Description: Time-Off Request Form  
 Revision Date: 05/2018  
 Print: 1 sided black and white  
 Paper: 3 Part (White, Yellow, Pink)  
 Size: 8.5 x 11  
 Fold:  
 Finish:  
 Drill: None  
 Misc Info: SS Black 3 Part

© Emerald HR Book

### REQUEST FORM

ONE REQUEST PER FORM

Mandatory Shift Extension, HRD Request, No Lunch, Shift Trade

Today's Date: \_\_\_\_\_ Employee Name: \_\_\_\_\_  
 Employee Number: \_\_\_\_\_ Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_  
 Department: \_\_\_\_\_ Unit: \_\_\_\_\_ Shift: \_\_\_\_\_

#### REQUESTING THE FOLLOWING:

- Mandatory Shift Extension     HRD Request     No Lunch Request     Shift Trade  
 Call In (Nurse Manager/Supervisor to dictate the reason)

\* For No Lunch Request to be part of one and one half time, Nurse Manager (See 1) at bottom must be notified one hour before extended lunch and no coverage provided  
 Reason: \_\_\_\_\_

#### SHIFT TRADE:

I, \_\_\_\_\_ (Please Name & Title) agree to work on \_\_\_\_\_ (Date & Shift) and if

accidentally \_\_\_\_\_ (Please Name & Title) agrees to work \_\_\_\_\_ (Date & Shift) for me.

This is an agreed trade and is subject to approval by the department's Nurse Manager. Trades cannot occur in overtime unless approved by Nurse Manager.

Employee Signature and Date \_\_\_\_\_ Employee Signature and Date \_\_\_\_\_

#### HRD REQUEST (Advance HRD requests cannot be submitted more than 10 hours before start of requested HRD shift, minimum of 10 hours before start of HRD request)

PLEASE CIRCLE APPROPRIATE MONTH AND DATE(S) YOU ARE REQUESTING HRD:

JAN		FEB		MAR		APRIL		MAY		JUNE		JULY		AUG		SEPT		OCT		NOV		DEC	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
25	26	27	28	29	30	31																	

#### MANDATORY EXTENSION OF SHIFT & NO LUNCH REQUEST

- Mandatory Extension of Shift     No Lunch Request

Name of Nurse Manager/Supervisor notified of need for lunch coverage: \_\_\_\_\_

Time Start: \_\_\_\_\_ Time End: \_\_\_\_\_ Total time: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ Received By: \_\_\_\_\_

- Approved     Denied     Revised as Follows:

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

Nurse Manager/Designer: \_\_\_\_\_ Date: \_\_\_\_\_

1 Return this to 1) Nurse Manager, if unavailable then 2) Nurse Manager Covering, if unavailable then 3) Supervisor, under a new for approval  
 2 Form are off site, please call the 1) Nurse Manager, if unavailable 2) Nurse Manager Covering, if unavailable 3) Supervisor to request, they will complete the Request Form  
 3 All Request Forms will be pre-processed by 1) Nurse Manager, if unavailable 2) Nurse Manager Covering, if unavailable 3) Supervisor, then forwarded to Staffing Office. All steps of the approval process will be used to employees.

White - Staffing Office    Green - Nurse Manager    Pink - Designer