

**McLaren Print System Order**

**Order No: 82088**  
**Order Date: 2024-01-04**  
**User: Anna Henry**  
**Phone: 810-342-4025**

**Ship Location: McLaren Flint - Nutritional Services Attn: Lisa Whetzel**  
**401 S. Ballenger Hwy**  
**Flint, MI 48532**

**Forms**  
**Quantity: 4**  
**Paragon Dept No: 95020**  
**Dept Name: Nutritional Services**  
**Company Number: 60**

**Order Total Price: 52.00**

**Item Number: M-5171**  
**Item Description: Nutritional Serv Time Off Request**  
**Revision Date: 10/2019**  
**Print:**  
**Paper:**  
**Size:**  
**Fold:**  
**Finish:**  
**Drill:**  
**Poster:**  
**Misc Info: ss; black; 4 part; 5.5x8.5; 50 sets per order**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

I would like to request the following days off  
(one slip per pay period)

\_\_\_\_\_

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

\_\_\_\_\_

Please use:

Vacation Hours       Sick Hours

Unpaid Hours       Bereavement Pay

I would like to trade days with \_\_\_\_\_

on \_\_\_\_\_

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

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

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

I would like to request the following days off  
(one slip per pay period)

\_\_\_\_\_

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

\_\_\_\_\_

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I would like to trade days with \_\_\_\_\_

on \_\_\_\_\_

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

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

**Spec Info:**

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Approved     Not Approved

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

MC773201-0104

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Approved     Not Approved

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

MC773201-0104