

McLaren Print System Order

Order No: 83286 Reprint Previous Order No: 5860  
Order Date: 2024-02-20  
User: Lisa Ardanowski  
Phone: 810-768-2073

Ship Location: McLaren Surgery and Endoscopy Center Attn: Lisa Ardanowski  
501 S. Ballenger Hwy  
Flint, MI 48532

Forms

Quantity: 500  
Paragon Dept No: 30014  
Dept Name: Surgery and Endoscopy Center  
Company Number: 60

Order Total Price: 50.38

Item Number: MHCC-612  
Item Description: Request for Scheduled Absence  
Revision Date: 7/2014  
Print: 1 sided black and white  
Paper: 3 Part (White, Yellow, Pink)  
Size: 8.5 x 11  
Fold:  
Finish:  
Drill:  
Misc Info:

McLaren Health Region  
 McLaren Cancer Institute  
 McLaren Children's Hospital  
 McLaren East  
 McLaren Health System  
 McLaren Macomb  
 McLaren Midland  
 McLaren Mount Carmel  
 McLaren Parkland  
 McLaren Perinatal  
 McLaren Spine & Joint  
 McLaren Sports & Rehabilitation  
 McLaren Surgery & Endoscopy  
 McLaren Tumor Institute  
 McLaren Women's Health  
 McLaren Workforce Solutions

**Request for Scheduled Absence**

Today's Date: \_\_\_\_\_  
To: \_\_\_\_\_  
From: \_\_\_\_\_  
I would like to request the following time off:  
 PTO (for two and a half days, one of requests must be in volume of at least 8000 hrs)  
 Other (for two and a half days, one of requests must be in volume of at least 8000 hrs)  
Comments: \_\_\_\_\_  
PTO Request Available: \_\_\_\_\_ Not Approved  
Approved: \_\_\_\_\_  
I have read this request for time off and find it correct.  
Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

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Comments: \_\_\_\_\_  
PTO Request Available: \_\_\_\_\_ Not Approved  
Approved: \_\_\_\_\_  
I have read this request for time off and find it correct.  
Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_