

McLaren Print System Order

Order No: 84433 Reprint Previous Order No: 84430
Order Date: 2024-04-09
User: Ljiljana Brkic
Phone: 5863234576

Ship Location: HARRINGTON MEDICAL CENTER
21510 HARRINGTON STE 300
CLINTON TWP, MI 48036

Forms

Quantity: 500
Paragon Dept No: 28500
Dept Name: Outpatient Surgery Harrington Building -suite 300
Company Number: 260

Order Total Price: 47.88

Item Number: MAC-25
Item Description: SCHEDULE CHANGE Form
Revision Date: 04/2024
Print: 1 sided black and white
Paper: 3 Part (White, Yellow, Pink)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: 5.5x8.5 3 Part Black



SCHEDULE CHANGE

EMPLOYEE NAME: _____ STATUS _____
FLOOR: _____ SHIFT _____
CHANGE SCHEDULE AS FOLLOWS: _____

CHANGE INITIATED BY: _____ MANAGEMENT DATE SUBMITTED: _____
(check one) _____ EMPLOYEE
DATE APPROVED: ____/____/____ COORDINATOR'S SIGNATURE: _____
DATE OWNED: ____/____/____
CLERICAL USE ONLY
Date that change was coded on schedule & time card _____
Clock Signature: _____
MAC-25-25