

McLaren Print System Order

Order No: 84568 Reprint Previous Order No: 84430
Order Date: 2024-04-15
User: Andrea Miko
Phone: 586-493-1605

Ship Location: McLaren Macomb Surgical Services
1000 Harrington
Mt Clemens, MI 48043

Forms

Quantity: 1000
Paragon Dept No: 28575
Dept Name: Surgical Services
Company Number: 260

Order Total Price: 92.00

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: _____

(initials) _____ EMPLOYEE

DATE APPROVED: ____/____/____ COORDINATOR'S SIGNATURE: _____

DATE OWNED: ____/____/____

CLERICAL USE ONLY

Date that change was coded on schedule & time card: _____

Desk Signature: _____