

McLaren Print System Order

Order No: 87066
Order Date: 2024-07-18
Order Request Date:
User: Rosemary Stepnitz
Phone: 586-493-8048

Ship Location: Attention: Rose Stepnitz Cardiac Cath Lab First Floor
1000 Harrington
Mt.Clemens, MI 48043

Brochures
Quantity: 100
Paragon Dept No: 22620
Dept Name: cardiac cath lab
Company Number:

Order Total Price: 9.57

Item Number: MAC-25 (206589)
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
Poster:
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 DONE: ____/____/____

CLERICAL USE ONLY

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

Clerk Signature: _____

MAC-25 (24)

Spec Info: