

McLaren Print System Order

Order No: 88703  
Order Date: 2024-10-03  
User: Rebecca Kleeves  
Phone: 8199893360

Ship Location: McLaren Port Huron 2S Surgical Services office Attn: Becky Kleeves  
1221 Pine Grove Ave  
Port Huron, MI 48060-3568

Form  
Quantity: 1000  
Paragon Dept No: 28550  
Dept Name: Surgical Services  
Company Number:

Order Total Price: 96.00

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:  
Poster:  
Misc Info:

McLaren HEALTH CARE

McLaren Health System  
 McLaren Grand Rapids  
 McLaren Macomb  
 McLaren Okemos  
 McLaren Port Huron  
 McLaren Spartanburg  
 McLaren Spectrum Health  
 McLaren Westland  
 McLaren Whitefish Bay  
 McLaren Wrentham  
 McLaren Other \_\_\_\_\_

McLaren Spectrum Health  
 McLaren Spectrum Health  
 McLaren Spectrum Health

Request for Scheduled Absence

Today's Date: \_\_\_\_\_  
To: \_\_\_\_\_  
From: \_\_\_\_\_

I would like to request the following time off:  
 PTO (for pay and accrual plus one of reasons listed)  
 Other (List Date, Beginning, end)  
Date: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_

PTO Hours Available: \_\_\_\_\_  
Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_  
(Please read the request for time off and initial if correct.)

Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

Spec Info: