McLaren Business Products

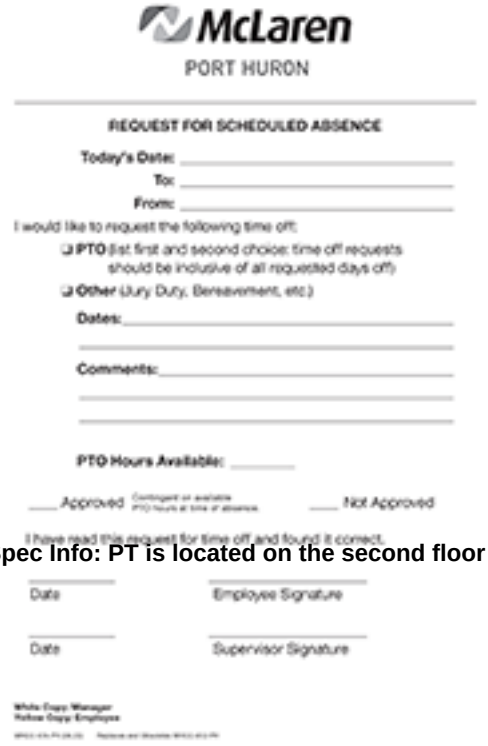
McLaren Print System Order

Order No: 89204
Order Date: 2024-10-22
User: Patricia Semrow
Phone: 810-364-1230

Ship Location: McLaren PT Marysville - Community Health Center
3350 Gratiot Blvd Suite E
Marysville, MI 48040
Forms
Quantity: 100
Paragon Dept No: 26900
Dept Name: Physical Therapy Marysville
Company Number: 480

Order Total Price: 6.00

Item Number: MHCC-674-PH
Item Description: Time Off Request
Revision Date: 06/2023
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Poster:
Misc Info: 5.5x8.5 2 Part Black


McLaren
PORT HURON

REQUEST FOR SCHEDULED ABSENCE

Today's Date: _____
To: _____
From: _____

I would like to request the following time off:

❑ **PTO** (list first and second choice; time off requests should be inclusive of all requested days off)

❑ **Other** (Jury Duty, Bereavement, etc.)

Dates: _____

Comments: _____

PTO Hours Available: _____

____ Approved (Contingent on available PTO hours at time of absence) ____ Not Approved

I have read this request for time off and found it correct.

Date _____ Employee Signature _____

Date _____ Supervisor Signature _____

White Copy: Manager
Yellow Copy: Employee

Spec Info: PT is located on the second floor