

McLaren Print System Order

Order No: 90502 Reprint Previous Order No: 5860
Order Date: 2024-12-02
User: Lisa Ardanowski
Phone: 810-768-2073

Ship Location: McLaren Surgery and Endoscopy Center Attn: Lisa Ardanowski
501 S. Ballenger Hwy
Flint, MI 48532

Forms

Quantity: 500
Paragon Dept No: 30014
Dept Name: Surgery and Endoscopy Center
Company Number: 60

Order Total Price: 50.38

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:
Misc Info:

McLaren HEALTH CARE

McLaren Eye Region McLaren Upper Region
 McLaren Central Michigan McLaren Midland
 McLaren Eastern McLaren Midland & Spring
 McLaren Eastern & Spring McLaren Central Michigan
 McLaren Health Care McLaren Perinatal
 McLaren Intensive Care Other _____
 McLaren Cancer Institute

Request for Scheduled Absence

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

I would like to request the following time off:

PTO (to be used within 90 days of request must be within 60 calendar days of request)

Other (to be used within 90 days of request)

Comments: _____

PTO Hours Available: _____
 Approved: _____ Not Approved: _____

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

Date: _____ Employee Signature: _____
 Date: _____ Supervisor Signature: _____

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