

McLaren Print System Order

Order No: 91336
Order Date: 2025-01-08
User: Jennifer Melcher
Phone: 989-779-5637

Ship Location: McLaren Central Michigan / Attn: Miranda Lundie in LAB
1221 South Dr
Mt Pleasant, MI 48858

Form
Quantity: 5
Paragon Dept No: 24400
Dept Name: Supply Chain Management
Company Number:

Order Total Price: 18.00

Item Number: 610-133
Item Description: REQUEST FOR SCHEDULED TIME OFF
Revision Date: 07/2012
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Poster:
Misc Info: 25/Pkg, 8.5x11 SS 2-Part

McLAREN CENTRAL MICHIGAN

REQUEST FOR SCHEDULED TIME OFF

COMPLETE ONE FORM PER PAY PERIOD FOR BENEFIT TIME REQUESTED

SECTION 1:

- 1. Employee Name: _____ 2. Title: _____
- 3. Employee Number: _____ 4. Department: _____ 5. Unit: _____
- 6. Shift: _____ 7. Hire Date: _____

Benefit Hours Requesting	_____ Vacation	_____ Personal Time	_____ Other
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PLEASE CIRCLE APPROPRIATE MONTH AND DAY(S) YOU ARE REQUESTING OFF.

JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC				
<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04	<input type="radio"/> 05	<input type="radio"/> 06	<input type="radio"/> 07	<input type="radio"/> 08	<input type="radio"/> 09	<input type="radio"/> 10	<input type="radio"/> 11	<input type="radio"/> 12	<input type="radio"/> 13	<input type="radio"/> 14	<input type="radio"/> 15	<input type="radio"/> 16
<input type="radio"/> 17	<input type="radio"/> 18	<input type="radio"/> 19	<input type="radio"/> 20	<input type="radio"/> 21	<input type="radio"/> 22	<input type="radio"/> 23	<input type="radio"/> 24	<input type="radio"/> 25	<input type="radio"/> 26	<input type="radio"/> 27	<input type="radio"/> 28	<input type="radio"/> 29	<input type="radio"/> 30	<input type="radio"/> 31	

Employee Signature: _____ Date: _____

Date Received: _____ Received by: _____

Spec Info: Original Poster Size

- APPROVED
- DENIED
- Revised as follows

Comments: _____

Authorized Signature: _____ Date: _____