

**McLaren Print System Order**

Order No: 91582  
Order Date: 2025-01-16  
User: Anna Henry  
Phone: 810-342-4025

Ship Location: McLaren Flint - Nutritional Services Attn: Lisa Whetzel  
401 S. Ballenger Hwy  
Flint, MI 48532

Forms  
Quantity: 6  
Paragon Dept No: 95020  
Dept Name: Nutritional Services  
Company Number: 60

Order Total Price: 78.00

Item Number: M-5171  
Item Description: Nutritional Serv Time Off Request  
Revision Date: 10/2019  
Print:  
Paper:  
Size:  
Fold:  
Finish:  
Drill:  
Poster:  
Misc Info: ss; black; 4 part; 5.5x8.5; 50 sets per order

Today's Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
I would like to request the following days off  
(one slip per pay period)  
\_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
Please use:  
 Vacation Hours       Sick Hours  
 Unpaid Hours       Bereavement Pay  
I would like to trade days with \_\_\_\_\_  
on \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Today's Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
I would like to request the following days off  
(one slip per pay period)  
\_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
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on \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Spec Info:**

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 Approved     Not Approved  
\_\_\_\_\_  
Date                      Supervisor Signature  
MC770201-0104

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 Approved     Not Approved  
\_\_\_\_\_  
Date                      Supervisor Signature  
MC770201-0104