

McLaren Print System Order

Order No: 44103 Reprint Previous Order No: 8112
Order Date: 2019-04-01
User: ANNTONETTE NICHOLS
Phone: (586) 791-5250

Ship Location: **MCLAREN MACOMB FAMILY MEDICINE**
35103 Silvano Dr.
CLINTON TOWNSHIP, MI 48035

Forms

Quantity: 100
Paragon Dept No: 71000
Dept Name: MCLAREN MACOMB FAMILY MEDICINE
Company Number: 810

Order Total Price: 11.17

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

MCL 0001 Blue Report MCL 0002 Lower Report
 MCL 0003 Patient History MCL 0004 Monthly
 MCL 0005 Discharge MCL 0006 Billing & Drug
 MCL 0007 Insurance MCL 0008 Insurance Billing
 MCL 0009 Patient Activity MCL 0010 Insurance Billing
 MCL 0011 Health Care MCL 0012 Post-Op
 MCL 0013 Insurance Drug Other _____
 MCL 0014 Insurance Health Insurance Claim Activity

Request for Scheduled Absence

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

I would like to request the following time off:

PTO (for two and a half days, one of requests must be in increments of at least one day)
 Other (for two and a half days, one of requests must be in increments of at least one day)

Comments: _____

PTO Hours Available: _____ Not Approved
Approved: _____
I have used this request for time off without it being correct.

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

 **McLaren**
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