

McLaren Print System Order

Order No: 56975 Reprint Previous Order No: 8112
Order Date: 2020-09-21
User: Carrie Gnatkowski
Phone: 989-393-2714

Ship Location: McLaren Bay Primary Care Attn: Carrie Gnatkowski
4 Columbus Ave., Suite 380
Bay City , MI 48708

Forms

Quantity: 500
Paragon Dept No: 17805
Dept Name: McLaren Medical group
Company Number: 810

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 Bay Region
 McLaren Central Michigan
 McLaren Children
 McLaren Eastern Michigan
 McLaren Eastern Michigan
 McLaren Health Care
 McLaren Intensive Care
 McLaren Cancer Institute

McLaren Eastern Region
 McLaren Health Care
 McLaren Intensive Care
 McLaren Cancer Institute

Other _____

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 days of request date)
 Other (List Day, Reason, etc.) _____
Date: _____
Employee Signature: _____
Supervisor Signature: _____

PTO Hours Available: _____
Approved: _____ Not Approved: _____
I have read this request for time off and find it correct.
Date: _____
Employee Signature: _____
Supervisor Signature: _____

McLaren Bay Region
 McLaren Central Michigan
 McLaren Children
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