

McLaren Print System Order

Order No: 5900  
Order Date: 2014-09-19  
User: Debra Hoffman  
Phone: 810-342-2375

Ship Location: 4S-Case Management  
401 S. Ballenger Hwy.  
Flint, mi 48532

Forms  
Quantity: 100  
Paragon Dept No: 91570  
Dept Name: Case Management Department  
Company Number: 60

Order Total Price: 10.87

Form Number: MHCC-612  
Form 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:

McLaren HEALTH CARE

McLaren Blue Pages  
 McLaren Case Management  
 McLaren Health Care  
 McLaren Human Resources  
 McLaren Information Systems  
 McLaren Legal  
 McLaren Marketing  
 McLaren Medical Records  
 McLaren Patient Services  
 McLaren Quality Improvement  
 McLaren Safety  
 McLaren Training  
 McLaren Wellness  
 McLaren Workforce Management  
 McLaren Other

Request for Scheduled Absence

Today's Date: \_\_\_\_\_  
To: \_\_\_\_\_  
From: \_\_\_\_\_  
I would like to request the following time off:  
 PTO (for the amount check one of requests must be indicated if requested days off)  
 Other (for Sick, Bereavement, etc)  
Details: \_\_\_\_\_  
Comments: \_\_\_\_\_  
PTO Hours Available: \_\_\_\_\_  
Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_  
I have read this request for time off and would like to request:  
Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

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