

McLaren Print System Order

Order No: 59732 Reprint Previous Order No: 8112
Order Date: 2021-01-18
User: Danielle Cahoon
Phone: 810-688-3093

Ship Location: McLaren Family Care Center/Danielle Cahoon
4482 Huron Street
North Branch, MI 48461

Forms

Quantity: 100
Paragon Dept No: 65250
Dept Name: McLaren Family Care Center-North Branch
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 Region
 McLaren Cancer Management
 McLaren Children
 McLaren Family Care
 McLaren Geriatric Services
 McLaren Health Care
 McLaren Intensive Care
 McLaren Primary Care
 McLaren Women's Health
 McLaren Cancer Institute

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 McLaren Geriatric Services
 McLaren Health Care
 McLaren Intensive Care
 McLaren Primary Care
 McLaren Women's Health

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: _____
Approved: _____ Not Approved: _____
I have read this request for time off and found it correct.

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

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 McLaren Cancer Management
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 McLaren Family Care
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