

**McLaren Print System Order**

Order No: 6447  
 Order Date: 2014-10-14  
 User: Rhonda Conley  
 Phone: 810-342-3030

Ship Location: McLaren Flint/Attn: Rhonda Conley 2C  
 401 S. Ballenger Hwy  
 Flint,, MI 48532

Forms  
 Quantity: 500  
 Paragon Dept No: 91590  
 Dept Name: Utilization Management  
 Company Number: 60

Order Total Price: 48.88

Item Number: MHCC-612  
 Item Description: Request for Scheduled Absence  
 Revision Date:  
 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**

McLaren Erie Region     McLaren Upper Region  
 McLaren Central Michigan     McLaren Midlands  
 McLaren Eastern Michigan     McLaren Western Michigan  
 McLaren Eastern Ontario     McLaren Health Partners  
 McLaren Health Care     Other \_\_\_\_\_  
 McLaren Intensive Care     McLaren Client Facility

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**Request for Scheduled Absence**

Today's Date: \_\_\_\_\_  
 To: \_\_\_\_\_  
 From: \_\_\_\_\_

I would like to request the following time off:

PTO (do not select more than one request event in volume of all request days)  
 Other (List Day, Treatment, etc.) \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**PTO Hours Available:** \_\_\_\_\_  
 Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_  
(Use initials)

I have read this request for time off and find it correct.

Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_  
(Use initials)

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