

McLaren Print System Order

Order No: 6697
Order Date: 2014-10-23
User: Melissa Hayes
Phone: 989-779-5624

Ship Location: Pickard Clinic
4639 E. Pickard St., Suite A
Mt. Pleasant, MI 48858

Forms

Quantity: 100
Paragon Dept No: 81090350566420
Dept Name: Pickard Clinic
Company Number: 810

Order Total Price: 10.87

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: None
Finish:
Drill:
Misc Info:



McLaren Health Region
 McLaren Cancer Management
 McLaren Children
 McLaren Community Learning
 McLaren Health Care
 McLaren Intensive Care
 McLaren Mount Hope
 McLaren Perinatal
 McLaren Primary Care
 McLaren Rehabilitation
 McLaren Spinal Cord
 McLaren Stroke
 McLaren Trauma
 McLaren Women's Health
 McLaren Other

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 eight (8) hours)
 Other (for two and a half days, one of requests must be in increments of at least eight (8) hours)

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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