

McLaren Print System Order

Order No: 6881  
Order Date: 2014-11-04  
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: 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 Family Care  
 McLaren Health Care  
 McLaren Hospital  
 McLaren Intensive Care  
 McLaren Long Term Care  
 McLaren Medical Group  
 McLaren North Branch  
 McLaren Pediatrics  
 McLaren Primary Care  
 McLaren Rehabilitation  
 McLaren Urgent Care  
 McLaren Women's Health  
 McLaren Workforce  
 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 0.25 days)  
 Other (for two and a half days, one of requests must be in increments of 0.25 days)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PTO Request Available: \_\_\_\_\_ Not Approved  
Approved: \_\_\_\_\_  
I have used this request for time off and it is correct.

Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

McLaren Health Region  
 McLaren Cancer Management  
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