

McLaren Print System Order

Order No: 8037
Order Date: 2015-01-07
User: Laura Atsoff
Phone: 586-226-8600

Ship Location: McLaren Macomb Family Medicine Romeo Plank
46401 Romeo Plank Ste 4
Macomb, MI 48044

Forms

Quantity: 100
Paragon Dept No: 71050
Dept Name: McLaren Macomb Family Medicine Romeo Plank
Company Number: 810

Order Total Price: 10.87

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: None
Finish:
Drill:
Misc Info:

McLaren Health Region
 McLaren Cancer Management
 McLaren Children
 McLaren Family & Community
 McLaren Health Care
 McLaren Macomb
 McLaren Perinatal Management
 McLaren Primary Care
 McLaren Sports Medicine
 McLaren Women's Health
 McLaren Other

McLaren Cancer Institute
 McLaren Cardiovascular
 McLaren Endocrinology
 McLaren Gastroenterology
 McLaren Hematology/Oncology
 McLaren Infectious Disease
 McLaren Internal Medicine
 McLaren Nephrology
 McLaren Neurology
 McLaren Pediatrics
 McLaren Pulmonary
 McLaren Radiology
 McLaren Surgery
 McLaren Trauma

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 volume of at least 1000000)
 Other (for two and a half days, one of requests must be in volume of at least 1000000)

Comments: _____

PTO Request Available: _____ Not Approved
Approved: _____
I have used this request for time off without it being correct.

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

McLaren Health Region
 McLaren Cancer Management
 McLaren Children
 McLaren Family & Community
 McLaren Health Care
 McLaren Macomb
 McLaren Perinatal Management
 McLaren Primary Care
 McLaren Sports Medicine
 McLaren Women's Health
 McLaren Other

McLaren Cancer Institute
 McLaren Cardiovascular
 McLaren Endocrinology
 McLaren Gastroenterology
 McLaren Hematology/Oncology
 McLaren Infectious Disease
 McLaren Internal Medicine
 McLaren Nephrology
 McLaren Neurology
 McLaren Pediatrics
 McLaren Pulmonary
 McLaren Radiology
 McLaren Surgery
 McLaren Trauma

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 volume of at least 1000000)
 Other (for two and a half days, one of requests must be in volume of at least 1000000)

Comments: _____

PTO Request Available: _____ Not Approved
Approved: _____
I have used this request for time off without it being correct.

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