

McLaren Print System Order

Order No: 8578
Order Date: 2015-01-28
User: Wanda Graves
Phone: (810) 342-2177

Ship Location: Nursing Office
401 S. Ballenger HWY.
Flint, Michigan 48532

Forms
Quantity: 500
Paragon Dept No: 91020
Dept Name: Nursing Office
Company Number: 60

Order Total Price: 48.88

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 Community Learning
 McLaren Health Care
 McLaren Intensive Care
 McLaren Primary Care
 McLaren Women's Health
 McLaren Cancer Institute

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 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 volume of at least 1 day)
 Other (for two and a half days, one of requests must be in volume of at least 1 day)

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: _____



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