

McLaren Print System Order

Order No: 9840 Reprint Previous Order No: 8112
Order Date: 2015-03-17
User: Sarah Paine
Phone: 248 656 0472

Ship Location: McLaren Oakland Family Medicine
1240 South Lapeer Road Suite 101A
Lake Orion, MI 48360

Forms

Quantity: 100
Paragon Dept No: 73200
Dept Name: McLaren Oakland Family Medicine
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:
Finish:
Drill:
Misc Info:

McLaren Health Region
 McLaren Oakland Family Medicine
 McLaren Oakland Hospital
 McLaren Children's Hospital
 McLaren Cancer Institute
 McLaren Heart & Vascular Institute
 McLaren Neuroscience Institute
 McLaren Spine Institute
 McLaren Women's Health Institute
 McLaren Eye Institute
 McLaren ENT Institute
 McLaren Dermatology Institute
 McLaren Plastic Surgery Institute
 McLaren Orthopedics Institute
 McLaren Sports Medicine Institute
 McLaren Rehabilitation Institute
 McLaren Palliative Care Institute
 McLaren Hospice
 McLaren Home Health
 McLaren Behavioral Health
 McLaren Community Health
 McLaren Foundation

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 0.5 days)
 Other (for two and a half days, one of requests must be in increments of 0.5 days)
Comments: _____
PTO Hours Available: _____
Approved: _____ Not Approved: _____
I have read this request for time off and find it correct.
Date: _____ Employee Signature: _____
Date: _____ Supervisor Signature: _____

McLaren Health Region
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