

McLaren Print System Order

Order No: 9992 Reprint Previous Order No: 8112
Order Date: 2015-03-23
User: lynn thomas
Phone: 810-487-3500

Ship Location: Flushing Community Medical Center
2487 N Elms Rd
Flushing, MI 48433

Forms

Quantity: 500
Paragon Dept No: 63600
Dept Name: Flushing
Company Number: 810

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:

McLean City Region
 McLean District Manager
 McLean Division
 McLean Eastern Agency
 McLean Health Care
 McLean Intensive Care
 McLean Lower Region
 McLean Midland
 McLean Midland Group
 McLean Northern Region
 McLean Southern Agency
 McLean South Care
 McLean South Group
 McLean Western Agency
 Other _____

Request for Scheduled Absence

Today's Date: _____
To: _____
From: _____

I would like to request the following time off:
 PTO (for two week check one of requests must be volume of all request days)
 Other (List Day, Treatment, etc)
Date: _____
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: _____

McLean City Region
 McLean District Manager
 McLean Division
 McLean Eastern Agency
 McLean Health Care
 McLean Intensive Care
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