

McLaren Print System Order

Order No: 7149
Order Date: 2014-11-17
User: lynn thomas
Phone: 810-487-3500

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

Forms
Quantity: 100
Paragon Dept No: 63600
Dept Name: Flushing
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:

McLean Site Request
 McLean Clinical Manager
 McLean Clinician
 McLean Support Services
 McLean Health Care
 McLean Information Group
 McLean Center Activity

McLean Upper Region
 McLean Midwest
 McLean South Region
 McLean Eastern Region
 McLean Health Care
 McLean Information Group
 McLean Center Activity

Other _____

Request for Scheduled Absence

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

I would like to request the following time off:
 PTO (for two week block, one of requests must be volume of at least 10 days)
 Other (for two week block, one of requests must be volume of at least 10 days)

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: _____

McLean Site Request
 McLean Clinical Manager
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PTO Request Available: _____ Not Approved
Approved: _____
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Date: _____ Employee Signature: _____
Date: _____ Supervisor Signature: _____