



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

REQUEST FOR LEAVE RECORD

Date: March 11, 2024

Name of Employee: Susan Cheechoo

Position: _____

Supervisor: Alana Odawa

Please provide copies as follows:

1 copy – Employee
1 copy – Finance/HR
1 copy - Supervisor

Form required 3 days in advance for Vacation, Sick (Medical), Management, Lieu Time and Other.

Start Time Off

Date February 26, 2024 Time 9 am

Return To Work

Date February 28, 2024 Time 12:00pm (also used 2.5 hours lieu time on half day)

Number of Days Two days Number of Hours 13 hours

If sick leave – medical certificate provided Y or N? N

Type of Leave

Please checkmark one.

- | | |
|-------------------------------------|-----------------|
| <input type="checkbox"/> | Bereavement (B) |
| <input type="checkbox"/> | Lieu Time (L) |
| <input type="checkbox"/> | Sick (S) |
| <input type="checkbox"/> | Management (M) |
| <input checked="" type="checkbox"/> | Vacation (V) |

If B, L, S, M, & Other – Reason given:

If Leave is Without Pay (Check Here) _____

Employee's Signature _____

Supervisor's Signature Alana Odawa-Rindstone

Date _____

Date _____

Executive Director Approval
(Required for M, B Leave)

_____ Date: _____