



Nishnawbe-Aski Legal  
Services Corporation  
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Nishnawbe-Aski Legal Services Corporation  
Attention: Accounts Payable  
678 City Road  
Fort William First Nation, ON P7J 1K3  
Tel: (807) 622-1413 Fax: (807) 622-3024

## Employee Timesheets

006385

|                     |             |
|---------------------|-------------|
| <b>Requested By</b> | <b>Date</b> |
| Melissa Scholz      | 2024-04-29  |

|                         |                   |                 |
|-------------------------|-------------------|-----------------|
| <b>Pay Period</b>       | <b>Start Date</b> | <b>End Date</b> |
| 2024-04-20 / 2024-05-03 | 2024-04-20        | 2024-05-03      |

| Hours        |            |            |            |            |            |            |            |          |
|--------------|------------|------------|------------|------------|------------|------------|------------|----------|
| Description  | Sat        | Sun        | Mon        | Tues       | Wed        | Thurs      | Fri        | Subtotal |
| Week 1       | 2024-04-20 | 2024-04-21 | 2024-04-22 | 2024-04-23 | 2024-04-24 | 2024-04-25 | 2024-04-26 | 35.00    |
|              |            |            | 7.00       | 7.00       | 7.00       | 7.00       | 7.00       |          |
| Week 2       | 2024-04-27 | 2024-04-28 | 2024-04-29 | 2024-04-30 | 2024-05-01 | 2024-05-02 | 2024-05-03 | 28.00    |
|              |            |            | 7.00       | 7.00       | 7.00       | 7.00       |            |          |
| <b>Total</b> |            |            |            |            |            |            |            | 63.00    |

|              |       |
|--------------|-------|
| <b>Total</b> | 63.00 |
|--------------|-------|

|                                   |
|-----------------------------------|
| <b>Notes</b>                      |
| Sick Leave request on paper form. |

|                             |
|-----------------------------|
| <b>Authorized Signature</b> |
| Colette Shwetz              |



**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION**

**REQUEST FOR LEAVE RECORD**

Date: May 3, 2024  
Name of Employee: Melissa Scholz  
Position: HRIS/Training Coordinator  
Supervisor: Colette Shwetz

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 May 3, 2024 Time 9am

**Return To Work**

Date May 6, 2024 Time 9am

Number of Days 1 Number of Hours 7

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

**Type of Leave**

Please checkmark one.

- Bereavement (B)
- Lieu Time (L)
- Sick (S)
- Management (M)
- Vacation (V)

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

Called in with medical

If Leave is Without Pay (Check Here)

Employee's Signature *Melissa Scholz*  
Date May 5, 2024

Supervisor's Signature *Colette Shwetz*  
Date May 5, 2024

Executive Director Approval (Required for M, B Leave) \_\_\_\_\_ Date: \_\_\_\_\_