



**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION**

**REQUEST FOR LEAVE RECORD**

Date: 28-Mar-2022  
Name of Employee: Irene Linklater  
Position: Executive Director  
Supervisor: Board Chair

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

**Start Time Off**

Date 24-Mar-2022 Time 9:00 am

**Return To Work**

Date 28-Mar-2022 Time 9:00 am

Number of Days 2 Number of Hours \_\_\_\_\_

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

**Type of Leave**

Please checkmark one.

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

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

2 vacation extended days for Family Hospital emergency.

If Leave is Without Pay (Check Here)

Employee's Signature Irene Linklater  
Date 28-Mar-2022

Supervisor's Signature [Signature]  
Date March 29 2022

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