

Resignation Recorded

Colette Shwetz

From: Keith McKay
Sent: October 1, 2021 9:16 AM
To: Oana Cristea
Cc: Colette Shwetz
Subject: Resignation Date on October 29 / 2021.

Due to the whole all staff meeting that was held previously , I myself did not know I hurted my co-workers Feelings that time so I am resigning my position as the Kasabonika Lake Release and Reintegration Worker on the above-mentioned date , just to let You know ahead of time in case you want to do a job posting for this title you will have time to hire a new worker , one Month for a replacement .

and I am very sorry about this incident that accrued, not feeling comfortable so I want you to let the other staff know that I am very sorry for what happen that time.

Please accept my Apology and this is Final .

Thank You and Have a Nice day .

Keith Mckay
Release & Reintegration Worker
Kasabonika Lake First Nation
Nishnawbe-Aski Legal Services Corporation
Tel: (807) 535-9252
Cell: (807) 212-6531
Fax: (807) 535-9211

☐

Thank you!Create reply with Thank you! Got it, thanks!Create reply with Got it, thanks! Received, thank you.Create reply with Received, thank you.

☐

Are the suggestions above helpful?

Colette Shwetz

From: Irene Linklater
Sent: October 4, 2021 6:20 PM
To: Keith McKay
Cc: Colette Shwetz; Oana Cristea
Subject: RE: Request to Resignation email

Importance: High

Aniin Wacheya Keith

Your thoughtful reconsideration and retraction of your intention to resign is accepted and that you are confirmed to continue to be an Employee of NAN Legal in your role as Release & Reintegration Worker.

This is to confirm and acknowledge that there has been no interruption in your employment.

Miigwetch
Irene

From: Keith McKay <kmckay@nanlegal.on.ca>
Sent: October 4, 2021 5:21 PM
To: Irene Linklater <llinklater@nanlegal.on.ca>
Subject: Fw: Request to Resignation email

Keith Mckay

Release & Reintegration Worker

Kasabonika Lake First Nation

Nishnawbe-Aski Legal Services Corporation

Tel: (807) 535-9252

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Are the suggestions above helpful?

From: Keith McKay <kmckay@nanlegal.on.ca>
Sent: October 4, 2021 4:19 PM
To: Irene Linklater <linklater@nanlegal.on.ca>
Subject: Re: Request to Resignation email

Wacheya Irene Linklater . Nan-Legal Services Corporation Executive Director .

I Keith Willaim Mckay have reconsider to continue working for NAN- LEGAL Services , I will recorrect my resignation Letter to be disposed by me Keith Mckay to our two Nan staff members Oana Cristea Staff Lawyer and Collete Shwetz Human Resource Manager effective immediately , to inform them that I received a call from our Corporation Executive Director Irene Linklater to continue working for Nan- Legal Services as a Release and Reintegration Worker for my own Community of Kasabonika Lake First Nation . I hope you will understand my writing. Irene .

Furthermore, I would like to say I am very sorry that I hurt my co-workers during the recent all staff me the issues I addressed that time, and I will make sure it will never happen again .

Thank You and Have a Nice day .

Release & Reintegration Worker

Kasabonika Lake First Nation

Nishnawbe-Aski Legal Services Corporation

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Are the suggestions above helpful?

From: Irene Linklater <linklater@nanlegal.on.ca>
Sent: October 4, 2021 3:43 PM
To: Keith McKay <kmckay@nanlegal.on.ca>
Subject: Request to Resignation email

Aniin Boozhoo Wacheya Keith;

I appreciate the discussion we held by phone today and to the reason of my call to you.

As mentioned in my statement to you today – this is to request that you re-consider your decision to resign from your employment at NAN Legal.

You are a valued NAN Legal worker who has dedicated over 10 years to NAN Legal in advocating in Justice and helping NAN people and the members of Kasabonika First Nation.

Please reconsider your decision and let me know if you may change your decision of your own free choice.

It was good to speak with you today.

Take Care

Miigwetch
Irene

Irene Linklater
Executive Director
Nishnawbe Aski Legal Services Corporation

Cell 807-630-3757

Colette Shwetz

From: Keith McKay
Sent: September 17, 2021 11:15 AM
To: Oana Cristea
Cc: Colette Shwetz
Subject: HR Meeting .

sorry if I offended all Staff meeting last month , showing no respect which, I did not know any think about it , so I will inform my Employer ahead of time when I leave my Employment with Nan- Legal Services as the Release and Reintegration Worker once I find another Job . 10 years is good enough with my performance with the Legal Services .

would like to say thank you to nan-legal services for treating me right , hope someone will take over my previous job , once I find another Job .

Thank You and Have a Nice day .

Keith Mckay
Release & Reintegration Worker
Kasabonika Lake First Nation
Nishnawbe-Aski Legal Services Corporation
Tel: (807) 535-9252
Cell: (807) 212-6531
Fax: (807) 535-9211

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☐ Are the suggestions above helpful?



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION REQUEST FOR LEAVE RECORD

Date: July 13/2012
 Name of Employee: Keith McKay
 Position: O.Y.I.W.
 Supervisor: Chantelle Johnson

Please provide copies as follows:
 1 copy - Employee
 1 copy - Finance/HR
 1 copy - Supervisor

Form required 3 days in advance for V, M, O, D, C, J, W

Number of Hours: 20 Date: July 9 to 12/2012
 Number of Days: 04
 From (ddmmyy): 9/July/2012
 To (ddmmyy): 12/July/2012

If sick leave - medical certificate provided Y or N? _____

Type of Leave	
Please checkmark one.	
<input type="checkbox"/> Bereavement (B)	If J, B, C, L, M, & Other - Reason given:
<input type="checkbox"/> Compassionate (C)	
<input type="checkbox"/> Lieu Time (L)	
<input type="checkbox"/> Court (J)	
<input type="checkbox"/> Marriage (W)	
<input checked="" type="checkbox"/> Sick (S)	
<input type="checkbox"/> Management (M)	
<input type="checkbox"/> Vacation (V)	
<input type="checkbox"/> Other	

If Leave is Without Pay (Check Here) _____

Employee's Signature: Keith McKay
 Date: July 13/2012

Supervisor's Signature: [Signature]
 Date: July 13/12

Executive Director Approval (Required for M, C, B Leave) _____ Date: _____

Confirmed by Human Resources _____

Chantelle Johnson

From: Keith McKay <kmckay@nanlegal.on.ca>
Sent: Monday, December 17, 2012 1:20 PM
To: vernonmmorris@nanlegal.on.ca
Cc: cjohnson@nanlegal.on.ca
Subject: Christmas Feast Activity.

Vernon Morris

Restorative Justice Manager.

Requesting Financial Assistance in the Amount of \$ 500.00 to Host a Small Christmas Feast Activity with the NAN Legal Services Corporation Youth Probation Clients

and also to include (5) Five Justice Committee Board Members and (2) Two Elders for their Assistance on Restorative Justice Healing Circles in our Community.

Elders Counselling will be Provided and also myself will be involved with the Clients. Planning to Host a Christmas Feast on December.21.2012.

If this request should be Approved. Please reply by Email or Give me a Call. Thank you.

Keith McKay
Community Youth Intervention Worker
NAN Legal Services, Kasabonika
Tel: (807)535-9252
Fax: (807)535-9211

Chantelle Johnson

From: Alanna Downey-Baxter <adowneybaxter@nanlegal.on.ca>
Sent: Tuesday, October 04, 2011 12:27 PM
To: Keith McKay
Cc: cjohnson@nanlegal.on.ca
Subject: Re: CCW,WORKSHOP. Adult Probation.

That is fine, Keith. Please fill in a form. I hope everything is okay.

Alanna

-----Original Message-----

From: "Keith McKay" <kmckay@nanlegal.on.ca>
Sent: 10/4/2011 11:18:13 AM
To: adowneybaxter@nanlegal.on.ca
Subject: CCW,WORKSHOP. Adult Probation.

alanna downey baxter.

Thunderbay ontario
Just want to let you know I will not be in the office next week, will be travelling to
on October,11.2011 and will be back in Kasabonika lake on October,14.2011.

Will require a request for leave for (4) four days, Please reply when you receive this
email,Thankyou.

Keith mckay
community youth intervention worker
Kasabonika lake.ontario



KASABONIKA LAKE FIRST NATION
PO BOX 124
KASABONIKA, ON
POV 1Y0

TELEPHONE: (807) 535-2547
FAX: (807) 535-1152

BAND MEMBERSHIP

FAX COVER SHEET

DATE: April, 26 / 2019

TO: Tara Thompson

COMPANY: nan legal Services

FAX: 1-807-622-3024.

MESSAGE: do I have Employee Coverage.
For Reinsbursement the Amount of:
\$ 280.00 For My New pair of read glasses

NUMBER OF PAGES (INCLUDING THIS COVER PAGE): 04

IF YOU DO NOT RECEIVE ALL PAGES OR IF ARE NOT CLEAR, PLEASE CALL THE RECEPTIONIST AS SOON AS POSSIBLE.

THANK YOU!

HAVE A NICE DAY!



COD \$280.00
CR 280,00\$

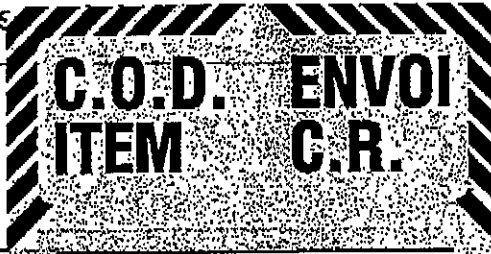
2

EXPEDITED PARCEL^{MC} | COLIS

TO/A : Tel./Tel :

WILLIAM MCKAY

PO BOX 133
Kasabonika ON P0V 1Y0



P0V 1Y0

CARD FOR PICKUP
ANNONCER PAR CARTE



TRACKING NUMBER **0450 7740 0076 9090** N° DE REPÉRAGE

Sender warrants that the shipped item(s) do(es) not contain non-mailable matter.
L'expéditeur garantit que cet envoi ne contient pas de matières dangereuses.

FROM/DE :

BRIAN LOCKYER
DR BRIAN LOCKYER
PO BOX 820 STN MAIN
DRYDEN ON P8N 2Z4

0.32
KG VEJEV
Transaction No. 1521937
N° de transaction 1521937
CC 450774

RPS/PSVD 12.1.0.6	SPEC 3645 V3.0	DATE	2019 04 08
	INSURED VALUE VALUE ASSURÉE		\$100.00
	POSTAGE RATE TARIFF D'AFFRAN		\$22.72

In case of non-delivery, return at sender's expense at counter rates
En cas de non-livraison, renvoyer aux frais de l'expéditeur aux tarifs du comptoir

P.003

FAX No.

APR/26/2019/FRI 02:04 PM

Dr. Brian R. Lockyer
Dr. Suzanne M. Lockyer

Doctors of Optometry

65 King Street
Dryden, Ontario
P8N 1B7

T: (807) 221-2020
F: (807) 221-2030

www.drlockyer.com | lockyerstaff@shaw.ca
www.facebook.com/DrydenOptometrist

Colette Shwetz

From: Colette Shwetz
Sent: August 6, 2021 10:42 AM
To: Tara Thompson
Cc: Irene Linklater
Subject: KM - medical expense reimbursement
Attachments: 2021-08-05 Keith McKay - Manulife Expenses.pdf

E-MAILED

Hi Tara,
Please see the attached receipts regarding Keith McKay's unreimbursed eyeglass expenses.

Keith McKay has requested I look into his unpaid medical expenses by Manulife, for reimbursement. Keith sent me the paperwork he had. (attached) I further reached out to his optometrist for copies of the expenses and was forwarded invoices by the optometrist. (attached). The invoices state Keith was charged an outstanding balance of **\$248.00** for his glasses and **\$32.00** for the COD for a total of **\$280**. I then reached out to WP to follow up with Manulife to see what happened and if Keith could resubmit. WP sent me an email back where Manulife acknowledged Keith's expense submission, but said Keith failed to submit a detailed invoice along with his receipts so they sent him a letter requesting it and received no reply from Keith. They also said if Keith was to resubmit they would decline as too much time had lapsed.

Findings:

- Keith did in fact submit his expenses to Manulife as required by sending in his receipts, which is all he was given.
- Manulife found that Keith was missing a detailed invoice of his expenses which they said they stated in a letter they sent to him. I cannot confirm Keith received such a letter as HR did not receive a copy. Keith sent me what he had. I did not receive any letter addressed to Keith from Manulife.
- Keith's optometrist did not submit the invoice to Manulife for outstanding payment nor did they give Keith copies of the invoices to do so himself. The detailed invoices for the "cost difference" should have been sent directly to Manulife by his optometrist for payment. And, if this was not their normal process, Keith should have been given the invoices to submit himself – which to my knowledge he was not.

It is important to note, Manulife was found to have terrible administrative practices which led to multiple staff complaints against them regarding such things as non-payment of medical expenses, deferring staff and medical service providers to other sources for payment on services Manulife should have covered, etc. – so many complaints that NALSC chose to move health insurance providers.

Recommendations:

I recommended Keith McKay be reimbursed by NALSC as this expense should have been covered by Manulife. With Manulife no longer our Health benefit provider, they are no longer willing to overlook the miscommunication and provide Keith with a reimbursement, leaving Keith out of pocket for health benefits that should have been covered. I discussed my recommendation with Irene prior to her leaving for holidays this week and she agreed and approved for NALSC to reimburse Keith McKay for his out of pocket medical expenses of **\$280** based on the above.

Please let me know what you need from me in terms of additional paperwork. I will contact Keith to let him know once I know if I need anything further from him.

If you have any questions or want to discuss further, please let me know.

Thanks,

Colette Shwetz
HR Manager



Nishnawbe-Aski Legal Services Corporation

1805 Arthur St. E,
Thunder Bay, ON
P7E 5E6

Phone: 1-807-622-1413 Ext 7714

Cell: 807-633-8158

Email: cshwetz@nanlegal.on.ca

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KASABONIKA LAKE FIRST NATION
PO BOX 124
KASABONIKA, ON
POV 1Y0

TELEPHONE: (807) 535-2547
FAX: (807) 535-1152

BAND MEMBERSHIP

FAX COVER SHEET

DATE: April, 26 / 2019

TO: Tara Thompson

COMPANY: NAN legal Services

FAX: 1-807-622-3024.

MESSAGE: do I have Employee Coverage
For Reimbursement the Amount of:
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THANK YOU!

HAVE A NICE DAY!



COD \$280.00
CR 280,00\$

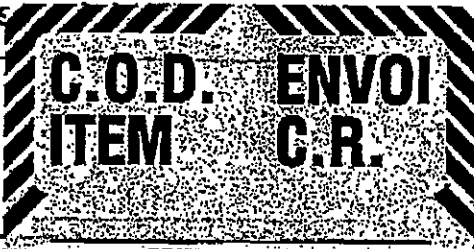
2

EXPEDITED PARCEL^{MC} | COLIS

TO/À: Tel./Tel:

WILLIAM MCKAY

PO BOX 133
Kasabonika ON P0V 1Y0



P0V 1Y0

CARD FOR PICKUP
ANNONCER PAR CARTE



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P. 003

FAX No.

APR/26/2019/FRI 02:04 PM

Dr. Brian R. Lockyer
Dr. Suzanne M. Lockyer

Doctors of Optometry

65 King Street
Dryden, Ontario
P8N 1B7

T: (807) 221-2020
F: (807) 221-2030

www.drlockyer.com | lockyerstaff@shaw.ca
www.facebook.com/DrydenOptometrist

P.004

Canada Post / Postes Canada
NORTHWEST COMPANY
GD
KASABONIKA, ON POV1Y0
GST/TPS#: 808425870

Canada Post / Postes Canada
NORTHWEST COMPANY
GD
KASABONIKA, ON POV1Y0
GST/TPS#: 808425870

2019/04/26	01:11:47	wendy
CC/CC102942	W/G1	TR218950
N	1@280.00	\$280.00
000 Remittance		
SUBTL		\$280.00
TOTAL TAX		\$0.00
TOTAL		\$280.00
Debit Card		\$280.00
Card Number		*****7325
CHG. DUE		\$0.00
RND. CHG.		\$0.00

2019/04/26	01:11:42	wendy
CC/CC102942	W/G1	TR218950

TRANSACTION RECORD

TYPE	PURCHASE	
ACCT	INTERAC CHEQUING	\$280.00CAD
CARDNUMBER		*****7325
DATE/TIME		19/04/26 14:11:39
REFERENCE #		66288710 0010012090 C
AUTH. #		109955

Interac
A0000002771010
8080008000 6800

INVOICE NUMBER 21895001

00 APPROVED-THANK YOU 001

-- IMPORTANT --
Retain this copy for your records.

CARDHOLDER COPY/COPIE DU CLIENT

Tell us how we did today.
Complete the survey at
www.canadapost.ipsosinteractive.com
or text SURVEY to 55555
and enter to WIN one of two
\$250 Prepaid Visa Cards.
(Standard message and data
rates would apply for text
message)



WWW.CANADAPOST.CA / WWW.POSTESCANADA.CA

FAX No.

APR/26/2019/FRI 02:04 PM

Invoice i-309808
 Date 2019-02-27

Dr. Brian Lockyer

Patient
 MCKAY William "keith"
 BOX 133
 KASABONIKA ON
 P0V 1Y0
 C:212-6283

LOCKYER MANAGEMENT LTD
 Box 820-65 KING STREET
 DRYDEN ON
 P8N 2Z4
 807-221-2020
 lockyerstaff@shaw.ca
 www.drlockyer.com
 Sioux Lookout Dr. Suzanne Lockyer, OD
 15036

Product	QTY	Unit Price	Total
RXDIF	1.0	248.00	248.00
RX COST DIFFERENCES GLASSES			



1309808

Date	Method	Confirmation	Payment
2019/05/06	Cheque		248.00

Sub Total	248.00
Total	248.00
Insurance	0.00
Patient Total	248.00
Patient Payments	248.00
Balance	0.00

Invoice i-309809
 Date 2019-02-27

Dr. Brian Lockyer

Patient
 MCKAY William "keith"
 BOX 133
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 C:212-6283

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 Sioux Lookout Dr. Suzanne Lockyer, OD
 15036

Product	QTY	Unit Price	Total
COD	1.0	32.00	32.00

POST OFFICE CHARGES



1309809

Date	Method	Confirmation	Payment
2019/05/06	Cheque		32.00

Sub Total	32.00
Total	32.00
Insurance	0.00
Patient Total	32.00
Patient Payments	32.00
Balance	0.00

Invoice i-309488
Date 2019-02-21

Dr. Brian Lockyer

Patient
MCKAY William "keith"
BOX 133
KASABONIKA ON
P0V 1Y0
C:212-6283

LOCKYER MANAGEMENT LTD
Box 820-65 KING STREET
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807-221-2020
lockyerstaff@shaw.ca
www.drlockyer.com
Sioux Lookout Dr. Suzanne Lockyer, OD
15036

Product	QTY	Unit Price	Total
Job 1			
Frame	1.0	50.00	50.00
Lenses	2.0	47.50	95.00
Orma, TD2			

DPRN	1.0	106.40	106.40
DISPENSING - PROGRESSIVE NEW FRAME			

[Empty box]



1309488

Sub Total	251.40
Total	251.40
Insurance	251.40
Patient Total	0.00
Patient Payments	0.00
Balance	0.00

Invoice i-309488
Date 2019-02-21

Dr. Brian Lockyer

Patient
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BOX 133
KASABONIKA ON
P0V 1Y0
C:212-6283

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Box 820-65 KING STREET
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P8N 2Z4
807-221-2020
lockyerstaff@shaw.ca
www.drlockyer.com
Sioux Lookout Dr. Suzanne Lockyer, OD
15036

Product	QTY	Unit Price	Total
Job 1			
Frame	1.0	50.00	50.00
Lenses	2.0	47.50	95.00
Orma, TD2			

DPRN	1.0	106.40	106.40
DISPENSING - PROGRESSIVE NEW FRAME			



1309488

Sub Total	251.40
Total	251.40
Insurance	251.40
Patient Total	0.00
Patient Payments	0.00
Balance	0.00

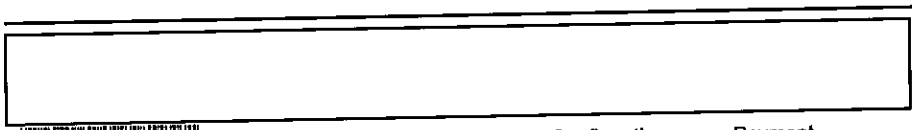
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 Date 2019-02-27

Dr. Brian Lockyer

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 Sioux Lookout Dr. Suzanne Lockyer, OD
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Product	QTY	Unit Price	Total
RXDIF	1.0	248.00	248.00
RX COST DIFFERENCES GLASSES			



1309808

Date	Method	Confirmation	Payment
2019/05/06	Cheque		248.00

Sub Total	248.00
Total	248.00
Insurance	0.00
Patient Total	248.00
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Invoice i-309809
Date 2019-02-27

Dr. Brian Lockyer

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MCKAY William "keith"
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KASABONIKA ON
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Product	QTY	Unit Price	Total
COD	1.0	32.00	32.00

POST OFFICE CHARGES



1309809

Date	Method	Confirmation	Payment
2019/05/06	Cheque		32.00

Sub Total	32.00
Total	32.00
Insurance	0.00
Patient Total	32.00
Patient Payments	32.00
Balance	0.00



KASABONIKA FIRST NATION
 P.O BOX 124
 KASABONIKA LAKE, ONTARIO
 TEL: (807) 535 2547
 FAX: (807) 535 1152

DATE: Sept 26 / 2011

TO: ALANNA BAXTER

COMPANY: NALS.C

FAX #: 1-807-622-3024

FROM: Keith McKay - Youth Intervention Worker
 (KASABONIKA LAKE, ONTARIO)

MESSAGE: Re: Medical Appointment in Sioux Lookout, Ont.
will be leaving today at 3:25 PM, Friday

NUMBER OF PAGES (INCLUDING THIS COVER PAGE): 02

IF YOU DO NOT RECEIVE ALL PAGES OR IF ARE NOT CLEAR, PLEASE CALL THE **BAND RECEPTIONIST** AS SOON AS POSSIBLE.

THANK YOU!

HAVE A NICE DAY!! ☺



Kasabonika Nursing Station

Kasabonika Lake, Ont. • POB 1Y0 • Telephone (807) 535-1188 • Fax (807) 535-1192

Date: Sept 26/2011

To whom it may concern:

This is to inform you that Keith McKay:

Was seen at the Nursing Station _____

Will be off work/school for 1 day

Has a medical appointment in Sioux Lookout

If you have any questions regarding this, please contact the Nursing Station.

Sincerely



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

REQUEST FOR LEAVE RECORD

Date: Sept. 20/2011

Name of Employee: Keith McKay

Position: Comp. Youth Intervention Worker

Supervisor: Alexander Douglas Baxter

Please provide copies as follows:

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

Form required 3 days in advance for V, M, O, D, C, J, W

Number of Hours: 8 Date: September 21, 22/2011

Number of Days: (2)

From (ddmmyy): 21/09/2011

To (ddmmyy): 22/09/2011

If sick leave - medical certificate provided Y or N? NO

Type of Leave	
Please checkmark one.	
<input type="checkbox"/> Bereavement (B)	If J, B, C, L, M, & Other Reason given: <u>Going to KASABONKA, ONTARIO. FOR THE FINAL SENTENCE COURT DATE FOR YOUTH CLIENT JAVIS ANDERSON. COURT DATE WILL START ON SEPTEMBER 22/2011. GOING OUT AS A SUPPORTER FOR THE FAMILY MEMBER'S FATHER, DONALD B. ANDERSON AND HIS DAUGHTER'S. KASABONKA LAKE FIRST NATION. IS MAKING ALL THE TRAVEL AND ACCOMMODATIONS, ETC.</u>
<input type="checkbox"/> Compassionate (C)	
<input type="checkbox"/> Lieu Time (L)	
<input type="checkbox"/> Court (J)	
<input type="checkbox"/> Marriage (W)	
<input type="checkbox"/> Sick (S)	
<input type="checkbox"/> Management (M)	
<input type="checkbox"/> Vacation (V)	
<input checked="" type="checkbox"/> Other	

If Leave Is Without Pay (Check Here)

Employee's Signature Keith McKay

Supervisor's Signature _____

Date Sept. 20/2011

Date _____

Executive Director Approval (Required for M, C, B Leave) _____

Date: _____

Confirmed by Human Resources _____