



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

REQUEST FOR LEAVE RECORD

Date: Monday May 6 2021
Name of Employee: Keith McKay
Position: CRR
Supervisor: Amanda Ratte

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 Monday May 6th 2024 Time 9:00am

Return To Work

Date Monday May 13th 2024 Time 9:00am

Number of Days 5 Number of Hours 35

If sick leave – medical certificate provided Y or 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:

Passing in the family.

If Leave is Without Pay (Check Here)

Employee's Signature deemed signed
Date _____

Supervisor's Signature Amanda Ratte
Date May 6th 2024

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