

# Nishnawbe-Aski Legal Services Corporation

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## Fax Cover

Date: Feb 16 2018  
 To: Chantelle Johnson Mawville  
 Fax: 1-807-622-3024  
 From: Margeline Meekes  
 Re: Doc Letter.

### Message:

Hey Hi ☺  
Here is my letter  
Please forward to Jeff.  
Will call you later!  
Smile ☺

I am transmitting the following 02 pages (including this Fax Cover Sheet). If you do not receive all pages, please call me as soon as possible.

Telephone: \_\_\_\_\_ Fax: 807-737-4847

Contact: \_\_\_\_\_

THE INFORMATION CONTAINED IN THIS TELECOPY IS INTENDED FOR THE USE OF THE RECIPIENT ABOVE. The telecopy may contain privileged, confidential, or undisclosed information. If the reader of this telecopy is not the intended recipient, you are hereby notified that you have received this telecopy in error, and that any review, dissemination, distribution, or copying of it is you have received this in error, please notify us immediately by telephone and return the original transmittal to us by mail. Thank you for your cooperation.

### Mailing Address:

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### Head Office:

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**Dryden Regional Health Centre**Box 3003, Dryden, Ontario, Canada P8N 2Z6  
ph (807) 223-8200 fax (807) 223-2370Karen Seeley  
Chair, Board of DirectorsWade Petranik CMA, CHE  
Chief Executive OfficerNIHB RE: EVANGELINE MEEKIS  
DOB 7/01/1981

15/2/2018

TO WHOM IT MAY CONCERN:

EVANGELINE MEEKIS WAS ADMITTED TO HOSPITAL ON 8/2/2018 DUE TO SEVERE CELLULITIS REQUIRING HOSPITALIZATION AND IV ANTIBIOTICS. SHE HAS BEEN IN HOSPITAL FOR ONE WEEK AND IS BEING DISCHARGED TODAY. SHE WILL REQUIRE ACCOMMODATIONS AS WELL AS ARRANGEMENTS FOR TRAVEL HOME TO SANDY LAKE FOR HERSELF AS WELL AS HER SISTER WHO IS HERE AS AN ESCORT.

Sincerely,

A handwritten signature in black ink, appearing to read 'Brian Lohetskie'.

BRIAN LOHETSKIE, MD  
102564





**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION**

**REQUEST FOR LEAVE RECORD**

Date: Sept 22, 2016

Name of Employee: Ruangelino

Position: Youth Intervention

Supervisor: \_\_\_\_\_

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 Sept 26 2016 Time \_\_\_\_\_

**Return To Work**

Date Oct 3 2016 Time \_\_\_\_\_

Number of Days 5 Number of Hours 35 hours

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:

Vacation

If Leave is Without Pay (Check Here) \_\_\_\_\_

Employee's Signature Ruangelino Medina

Date Sept 22 2016

Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Executive Director Approval (Required for M, B Leave)

Date: \_\_\_\_\_



**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION**

**REQUEST FOR LEAVE RECORD**

Date: April 21, 2016  
Name of Employee: Evangeline Meekis  
Position: Youth Intervention  
Supervisor: Vernon M Morris

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.**

Number of Hours: 14 Date: April 22,25, 2016  
Number of Days: 2  
From (ddmmyy): April 22, 2016  
To (ddmmyy): April 25, 2016

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

<b><u>Type of Leave</u></b>	
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)
<input type="checkbox"/>	Other
<b><u>If B, L, S, M, &amp; Other – Reason given:</u></b>	
<u>Vacation</u>	

If Leave is Without Pay (Check Here) \_\_\_\_\_

Employee's Signature Evangeline Meekis  
Date April 21, 2016

Supervisor's Signature \_\_\_\_\_  
Date \_\_\_\_\_

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



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION  
 REQUEST FOR LEAVE RECORD

Date: December 02 2015  
 Name of Employee: Evangelina Meekis  
 Position: Youth Intervention  
 Supervisor: Vernon M. Morris

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: 7 Date: Dec 04<sup>th</sup> 2015

Number of Days: 1

From (ddmmy): Dec 03

To (ddmmy): Dec 05

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:  <u>Lieu time</u> <u>Using my overtime hours.</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 type="checkbox"/> Other	

If Leave is Without Pay (Check Here) \_\_\_\_\_

Employee's Signature: Evangelina Meekis Supervisor's Signature: \_\_\_\_\_  
 Date: Dec 02 2015 Date: \_\_\_\_\_

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

Confirmed by Human Resources \_\_\_\_\_