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Head Office:

109 Mission Road Fort William First Nation Thunder Bay, Ontario P7J 1K7

you for your cooperation.

# Nishnawbe-Aski Legal Services Corporation

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	Fax Cover
Date:	Feb 1102018
To:	Chantelle Johnson Maurille
Fax:	1-807-622-3024
From:	thanaeline Mechoo
Re:	Doc Colder.
Message:	
4	ey Hi ell
	ere is mu letter
<i>b</i>	lease forward to Jeff.
<u>Wul</u>	I Call you later!
	Smile (11)
l am transmitt receive all pag	ing the following 2 pages (including this Fax Cover Sheet). If you do not ges, please call me as soon as possible.
Telephone: _	Fax: 807-737-4847
Contact:	
THE INFORM	ATION 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



**Dryden Regional Health Centre** 

Box 3003, Dryden, Ontario, Canada P8N 2Z6 ph (807) 223-8200 fax (807) 223-2370

Karen Seeley Chair, Board of Directors

Wade Petranik CMA, CHE Chief Executive Officer

NIHB RE: EVANGELINE MEEKIS DOB 7/01/1981

15/2/2018

TO WHOM IT MAY CONCERN:

EVANGELINE MEERIS WAS ADMITTED TO

HOSPITAL ON 8/2/2018 DUE TO SEVERE

CELLULITIS REQUIRING HOSPITALIZATION

AND IN ANTIPIOTICS, 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.

Sixurily.

BRIAN LOLLISTSKIE, MD

MEEKIS, E

Apr, 1 2016 - Mar, 31 2017

#### Electronic Log Sheet

Employee: MEEKIS, EVANGEUNE

Adoption Leave Unpaid ALUP Education Leave EL Sick Leave SL Adoptive Leave Paid Leave of Absence ALLOA Statutory Holiday StatH Bereavement Leave BL Management Day MD Time in Lieu Earned TILE Compassionate Leave CLMaternity Leave MLTime in Lieu Taken TILT Court Leave Paid CLP Parental Leave PL Vacation Vac

Date of Leave	Туре	File (Y/N)	Email	Date	Hours
APR. 22+25/14 Aug. 12/14 Sept. 26 to Qt3/1	VAC.	Y	MORRIS	APR.21	14
Aug. 12/16	VAC.	Y	MORRIS	Augio	
Sept. 26 to Oct. 3/1	VAC	Y	MORAIS	Spt. 22	
7				pp. nor	
				-	
		L			





# REQUEST FOR LEAVE RECORD

Date:	Sept 22,2016	Please provide copies as follows:
Name of Employee:	Trangelino	1 copy Employee
Position:	Youth Interventuis	1 copy – Finance/HR 1 copy - Supervisor
Supervisor:		
Form required 3 days	in advance for Vacation, Sick (Medical), Management, Lieu Time and O	ther.
Start Time Off  Date SAA	0 201 (o Time	-
Return To Work Date 0+3	2016 Time	
Number of Days	5 Number of Hours 35 Noturs	
If sick leave medical c	ertificate provided Y or N?	
Type of Leave		
Please checkmark one.		
Bereavement (B)	If B, L, S, M, & Other - Reason given:	
Lieu Time (L) Sick (S)	Vacation	
Management (M)		
✓ Vacation (V)		
If Leave is Without Pay (	(Check Here)	
Employee's Signature	COOPLEO MONOS Supervisor's Signature	
Date	<u>D + 20 201 (o .</u> Date	
Executive Director Appro		
(Required for M, B Leave	e) Date:	



### NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

#### REQUEST FOR LEAVE RECORD

Date:	April 21, 2016			Please provide copies as follows:
Name of Employee:	Evangeline Meekis			1 copy – Employee
Position:	Youth Intervention			1 copy – Finance/HR 1 copy - Supervisor
Supervisor:	Vernon M Morris		•	
Form required 3 days	in advance for Vacation, S	ick (Med	lical), Manageme	ent, Lieu Time and Other.
Number of Hours:	14	Date:	April 22,25, 201	16
Number of Days:	2		<del></del>	
From (ddmmyy):	April 22, 2016			
To (ddmmyy):	April 25, 2016			
If sick leave – medical	certificate provided Y or N?			_
Type of Leave				
Please checkmark one				
Bereavement (B)	If B, L, S, M, & Othe	r – Reas	on given:	
Lieu Time (L) Sick (S)	Vacation			
Management (M)				
X Vacation (V)				
Other		,		
If Leave is Without Pay	(Check Here)			
Employee's Signature <u>Ev</u>	angeline Meekis		Supervisor's Signature	
Date	April 21, 2016		Date	
Executive Director App (Required for M, B Lea				Date:



#### NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

## REQUEST FOR LEAVE RECORD

Name of Employee: Name of Empl	:	1000-1000 19 1015	Please provide copies as follows:
Position:  Supervisor:  Vencon M. Monds  Form required 3 days in advance for V, M, O, D, C, J, W  Number of Hours:  Date:  Dec O4th 2015  Number of Days:  From (ddmmyy):  Dec O5  If sick leave — medical certificate provided Y or N?  Type of Leave  Please checkmark one.  Bereavement (B)  Compassionate (C)  Lieu Time (L)  Court (J)  Marriage (W)  Sick (S)  Management (M)  Vacation (V)  Other  If Leave is Without Pay (Check Here)  Employee's  Signature  Date  Executive Director Approvat (Required for M, C, B Leave)  Date:  D	Date:	December 02 2015	
Supervisor:    Supervisor:   Neman   Monds	Name of Employee:	Mongeline Meckis	1 copy - Finance/HR
Form required 3 days in advance for V, M, O, D, C, J, W  Number of Hours:	Position:	Youth Intervention	
Number of Hours:	Supervisor:	Venan M moms .	
Number of Days:  From (ddmmyy):  DCC OS  If sick leave – medical certificate provided Y or N?  Type of Leave  Please checkmark one.  Bereavement (B)  Compassionate (C)  Lieu Time (L)  Court (J)  Marriage (W)  Sick (S)  Management (M)  Vacation (V)  Other  If Leave is Without Pay (Check Here)  Employee's  Signature  Date  Executive Director Approval (Required for M, C, B Leave)  Date  Date  Date  Date  Date  Date	Form required 3 day		
Tro (ddmmyy): Dec O5  If sick leave – medical certificate provided Y or N?  Type of Leave  Please checkmark one.  Bereavement (B)	Number of Hours:	7 Date: DEC 04 <sup>4</sup> h 20	15
To (ddmmyy):  Dec OS  If sick leave – medical certificate provided Y or N?  Type of Leave  Please checkmark one.  Bereavement (B)	Number of Days:		
If sick leave – medical certificate provided Y or N?  Type of Leave Please checkmark one.  Bereavement (B) Compassionate (C) Lieu Time (L) Court (J) Marriage (W) Sick (S) Management (M) Vacation (V) Other  If Leave is Without Pay (Check Here)  Employee's Signature Date  Executive Director Approval (Required for M, C, B Leave)  If Signature  Date  Date  Date:	From (ddmmyy):	Dec 03	
Type of Leave  Please checkmark one.  Bereavement (B)	To (ddmmyy):	Dec 05	
Please checkmark one.    Bereavement (B)	If sick leave – medic	eal certificate provided Y or N?	
Bereavement (B) If J, B, C, L, M, & Other — Reason given:  Compassionate (C) Lieu Time (L) Court (J) Marriage (W) Sick (S) Management (M) Vacation (V) Other  If Leave is Without Pay (Check Here)  Employee's Signature Date  Date  Executive Director Approval (Required for M, C, B Leave)  If J, B, C, L, M, & Other — Reason given:  Lieu Time Lieu Time Lieu Time Volver Home NourS  Signature Supervisor's Signature Date  Date	Type of Leave		
Compassionate (C) Lieu Time (L) Court (J) Marriage (W) Sick (S) Management (M) Vacation (V) Other  If Leave is Without Pay (Check Here)  Employee's Signature Date  Date  Executive Director Approval (Required for M, C, B Leave)  Lieu Fime  Double Hore  Lieu Fime  Double Hore  Signature  Date  Date:	Please checkmark one	3.	
Lieu Time (L) Court (J) Marriage (W) Sick (S) Management (M) Vacation (V) Other  If Leave is Without Pay (Check Here)  Employee's Signature  Date  Executive Director Approval (Required for M, C, B Leave)  Date:  Date:	<del> </del>		
Court (J) Marriage (W) Sick (S) Management (M) Vacation (V) Other  If Leave is Without Pay (Check Here)  Employee's Signature Date  Date  Executive Director Approval (Required for M, C, B Leave)  Date:  Date:		· (c) Lieu time	ļ
Sick (S) Management (M) Vacation (V) Other  If Leave is Without Pay (Check Here)  Employee's Signature Date Date  Executive Director Approval (Required for M, C, B Leave)  Date:  Date:		Using my mortime	nours
Management (M) Vacation (V) Other  If Leave is Without Pay (Check Here)  Employee's Signature  Date  Date  Executive Director Approval (Required for M, C, B Leave)  Management (M) Vacation (N) Supervisor's Signature  Date  Date  Date:		Joshing my over raise	(1000,00
Vacation (V) Other  If Leave is Without Pay (Check Here)  Employee's Signature  Date  Date  Executive Director Approval (Required for M, C, B Leave)  Vacation (V) Other  Supervisor's Signature  Date  Date	<del></del>	M)	
If Leave is Without Pay (Check Here)  Employee's Supervisor's Signature  Date Date Director Approval (Required for M, C, B Leave)  Date:	Vacation (V)		
Employee's Signature  Date  Date  Executive Director Approval (Required for M, C, B Leave)  Supervisor's Signature  Date  Date  Date	Other	l .	
Signature  Date  Date  Executive Director Approval (Required for M, C, B Leave)  Signature  Date  Date	If Leave is Without I	Pay (Check Here)	
Executive Director Approval (Required for M, C, B Leave)  Date:			The state of the s
(Required for M, C, B Leave) Date:	Date	60 03 2015 Date	
( 'Antirmed by Hilman Macalifode	hodened in what a re	Confirmed by Human Resources	