

Date:	Ma	arch 5/18			Please provide copies as follows:
Name of Employe	e: Ve	rnon Morris			1 copy – Employee 1 copy – Finance/HR
Position:	RJ	M NAN West			1 copy - Supervisor
Supervisor:	De	rek Stephen			
Form required 3	days in	advance for V, M, D, C, J, V	V		
Number of Hours:	28	Date:	March 5/18		
Number of Days:	4				
From (ddmmyy):	Marc	ch 6/18			
To (ddmmyy):	Marc	ch 9/18			
If sick leave – med	dical cert	ificate provided Y or N?		_	
Type of Leave					
Please checkmark of	one.				
Bereavemen	t (B)	If J, B, C, L, M – Reason giver	1:		
X Compassion		Balance of lieu time to date	is 53.30 hours.	Requesting 28 ho	urs for this week in lieu.
Court (J)		Balance of lieu after this we			which I will use once
Marriage (W) Sick (S))	I've determined my work so	hedule for this	month.	
Management	t (M)				
Vacation (V)					
If Leave is Without Pay (Check Here)					
Employee's Signature	Vernon	Morris	Supervisor's Signature		
Date	March 5	, 2018	Date		
Executive Director (Required for M, C, B L		al		Date:]

Updated: October 2, 2013

HR NAN Legal

From:

Derek Stephen <dstephen@nanlegal.on.ca>

Sent:

Monday, March 05, 2018 12:02 PM

To: Cc: 'Jeff Robert'

Subject:

'Vernon Morris' FW: Rquest for leave form

Attachments:

Request for Leave Record- March 5, 2018.doc

Approved

Derek

From: Vernon Morris [mailto:vernonmmorris@nanlegal.on.ca]

Sent: Monday, March 05, 2018 11:51 AM

To:, <dstephen@nanlegal.on.ca>

Cc: Jeff Robert < hr@nanlegal.on.ca >; Johnson, Chantelle < cjohnson@nanlegal.on.ca >

Subject: Rquest for leave form

Derek: Per our conversation this morning. Please approve this request from me for lieu time days off. Please cc me your approval. Meegwetch



Date	e:	Ma	arch 14, 2018		Please provide copies as follows:
Name of Employee: _V		ee: Ve	rnon Morris		1 copy – Employee 1 copy – Finance/HR
Pos	ition:	RJ	M NAN West		1 copy - Supervisor
Sup	ervisor:	De	rek Stephen		
For	m required 3	days in	advance for V, M, D, C, J, V	v	
Nun	nber of Hours	: 14	Date:	March 14, 20	18
Nun	nber of Days:	2			
Fror	n (ddmmyy):	Marc	ch 12/18		
To (ddmmyy):	Marc	ch 13/18		
If sid	ck leave – me	dical cert	ificate provided Y or N?		_
Тур	e of Leave				
Plea	se checkmark o	one.			
Х	Bereavemer	nt (B)	If J, B, C, L, M – Reason given	•	
	Compassion		in 0, 0, 0, 1, in Producting Profit		
	Lieu Time (L	.)	Family member passed away. Attended to family matters for two days.		
	Court (J)	***	I spoke to Derek prior to tak	ing the days of	f from work and he approved my request
	Marriage (W)	verbally. I apologize for sub		
	Sick (S)				
	Managemen	t (M)			
	Vacation (V)				
If Le	ave is Withou	it Pay (Cl	neck Here)		
	nployee's ignature	Vernon	Morris	Supervisor's Signature	
	Date _	March 1	4/18	Date	
	cutive Director		al		Date:

Updated: October 2, 2013



Date:		February 15, 2018		Please provide copies as follows:
Name of Emplo	oyee: _	Vernon Morris		1 copy – Employee
Position:		RJM NAN West		1 copy – Finance/HR 1 copy - Supervisor
Supervisor:		Derek Stephen		
Form required	d 3 days in	advance for Vacation, Sick (Medical), Managem	ent, Lieu Time and Other.
Start Time Off				
Date Februa	ary 23/18	Time	8:30 am	
Return To Wo	rk ary 26/18	Time	9:00 am in Thund	er Bay – Travelling to Timmins for the band e.
Number of Day	s 1	Number of Hours	7	
If sick leave – n Type of Leave Please checkm Bereaven	ark one.	ificate provided Y or N?	Reason given:	
X Lieu Time Sick (S) Managem Vacation	e (L)	Using lieu time.	icason given.	
f Leave is With	out Pay (Ch	neck Here)		
Employee's Signature	Vernor	n Morris	Supervisor's Signature	
Date	Februa	ary 15, 2018	Date	
Executive Direct Required for M		·		Date:



Date:		Feb	oruary 15, 2018					Please provide copies as follows:
	of Employee:		non Morris					1 copy – Employee
Positi			VI NAN West					1 copy – Finance/HR 1 copy - Supervisor
	rvisor:	-	ek Stephen					
Form	required 3 da	ays in adv	vance for Vacation	on, Sick (I	Medical), Manageme	nt, Lieu I	ime and Oti	<u>ier.</u>
Start Date	Time Off February 2	23/18		Time	8:30 am			
Retu i	rn To Work February 2	26/18		Time	9:00 am in Thunder by-law conference.		ravelling to	Timmins for the band
Numb	Number of Days _ 1 Number of Hours _ 7							
If sick	c leave – medi	cal certific	ate provided Y or	· N?		-		
Type	of Leave							
Pleas	se checkmark	one.						
	Bereavement	(B)	If B, L, S, M, &	Other - F	Reason given:			
X	Lieu Time (L) Sick (S)		Using lieu time.					
	Management Vacation (V)	(M)						
If Lea	ave is Without	Pay (Che	ck Here)	_				
	mployee's Signature	Vernon I	Morris		Supervisor's Signature			
	Date	Februar	y 15, 2018		Date			
	cutive Director juired for M, B					Date:	Λ Λ	



Date:	Feb	oruary 15, 2018			copies as follows:
Name of Employee	: Vei	non Morris			1 copy – Employee 1 copy – Finance/HR
Position:	RJ	M NAN West			1 cony - Supervisor
Supervisor:	Dei	rek Stephen			
Form required 3 d	lays in adv	vance for Vacation, Sick	(Med	dical), Manageme	ent, Lieu Time and Other.
Start Time Off Date Friday, Fe	bruary 16	/18 Tim	e _8:	:30 am	
Return To Work Date Tuesday,	February	20/18 Tim		11.1	r Bay & Monday, February 19/18 is a
Number of Days	1	Number of Hour	s _7		
If sick leave – medi	ical certific	ate provided Y or N?			
Type of Leave					
Please checkmark	one.				
Bereavement		If B, L, S, M, & Other -	Rea	son given:	
X Lieu Time (L) Sick (S) Management (M) Derek: I have a number of		of lie	u time hours earne	ed that I need to use.	
Vacation (V)					
If Leave is Without	Pay (Chec	:к пеге)			
Employee's Signature	Vernon N	Morris		Supervisor's Signature	
Date	February	15, 2018		Date	
	Executive Director Approval Required for M, B Leave) Date:				





REQUEST FOR LEAVE RECORD

Date:	February 15, 2018			copies as follows:
Name of Employee: Vernon Morris				
Position:	RJM NAN West			1 copy – Finance/HR 1 copy - Supervisor
Supervisor:	Derek Stephen			
Form required 3 day	s in advance for Vacation	on, Sick (Medical), Managem	ent, Lieu Time and Other.
Start Time Off				
Date February 12	/18	Time	8:30 am	
Return To Work				
Date February 13	118	Time	8:30 am	
Number of Days1	Number	of Hours	12	
If sick leave – medica Type of Leave Please checkmark on	I certificate provided Y or e.	N?	NO	_
Bereavement (E	If B, L, S, M, & C	Other - R	leason given:	
Lieu Time (L) X Sick (S) Management (M Vacation (V)	A very bad cold			
If Leave is Without Pa	y (Check Here)	-		
Employee's SignatureVe	ernon Morris		Supervisor's Signature	
Date Fe	ebruary 15, 2018		Date	
Executive Director Ap (Required for M, B Lea	avo)			Date:



Please provide



REQUEST FOR LEAVE RECORD

Date:	Fe	bruary 15, 2018		copies as follows:	
Name of Employee	e: _Ve	rnon Morris			
Position:	RJ	IM NAN West		1 copy – Finance/HR 1 copy - Supervisor	
Supervisor:	De	rek Stephen			
Form required 3 c	days in ad	vance for Vacation, Sick (Medical), Manageme	ent, Lieu Time and Other.	
Start Time Off Date February	12/18	Time	8:30 am		
Return To Work Date February	13/18 [°]	Time	8:30 am		
Number of Days	1	Number of Hours			
If sick leave – med	ical certific	cate provided Y or N?	NO		
Type of Leave					
Please checkmark	one.				
Bereavemen	t (B)	If B, L, S, M, & Other - R	Reason given:		
X Sick (S) Management Vacation (V)		A very bad cold			
If Leave is Without Pay (Check Here)					
Employee's Signature	Vernon I	Morris	Supervisor's Signature		
Date	February	<i>y</i> 15, 2018	Date		
Executive Director (Required for M, B				Date:	

Updated 16/02/2018



REQUEST FOR LEAVE RECORD

Dat	e:	Ja	nuary 25, 2018		Please provide copies as follows:
Nar	ne of Employee:	Ve	rnon Morris		1 copy – Employee 1 copy – Finance/HR
Pos	sition:	RJ	M NAN West		1 copy - Supervisor
Sup	pervisor:	De	rek Stephen		
For	m required 3 da	ys in	advance for V, M, D, C, J, V	1	
Nur	mber of Hours:	8	Date:	January 25, 2	018
Nur	mber of Days:	8 Ho	urs total		
Froi	m (ddmmyy):	Janu	ary 23/18		
То ((ddmmyy):	Janu	ary 26/18		
If si	ck leave – medic	al cert	ificate provided Y or N?	No	_
Тур	e of Leave				
Plea	ase checkmark one).			
	Bereavement (В)	If J, B, C, L, M – Reason given	:	*.
	Compassionate	e (C)		. 1000	
	Lieu Time (L)		I have been going to medica am requesting 2 hours each		s this week for a leg infection that I have. I
	Court (J)		am requesting 2 nears each	rady for the we	on of barracity 25 25/10.
	Marriage (W)				
X	Sick (S)	190			
	Management (I	M)			
	Vacation (V)	Į			
If Le	eave is Without P	ay (Cl	neck Here)		
	mployee's Signature V e	ernon	Morris	Supervisor's Signature	9
	Date _ Ja	nuary	25/18	Date	
Exe (Reg	cutive Director A	pprova	al		Date:



Updated: October 2, 2013

HR NAN Legal

From: Derek Stephen <dstephen@nanlegal.on.ca>

Sent: Thursday, January 25, 2018 3:46 PM

To: Jeff Robert Cc: 'Vernon Morris'

Subject: Fwd: Request for leave form - January 25/18

Attachments: Request for Leave Record- Vernon - January 25, 2018.doc

Approved

Derek

Sent from my Samsung Galaxy smartphone.

----- Original message -----

From: Vernon Morris < vernonmmorris@nanlegal.on.ca>

Date: 2018-01-25 2:41 PM (GMT-05:00)

To: dstephen@nanlegal.on.ca

Cc: Jeff Robert hr@nanlegal.on.ca

Subject: Request for leave form - January 25/18

Derek: Please approve of my request for leave if all is good with it. Send it to Jeff and cc me a copy for my file. I've been going to medical appointments each day otherwise I am working.



Date	e:	Ja	nuary 29, 2018		Please provide copies as follows:
Nan	ne of Employee:	Ve	rnon Morris		1 copy – Employee 1 copy – Finance/HR
Pos	ition:	RJ	M NAN West		1 copy - Supervisor
Sup	ervisor:	De	rek Stephen		
For	m required 3 da	ays in	advance for V, M, D, C, J,	W	
Nun	nber of Hours:	7	Date:	January 29, 2	2018
Nun	nber of Days:	_1			
Fror	m (ddmmyy):	Janu	ary 29, 2018		
To (ddmmyy):	Janu	ary 30, 2018		
If sid	ck leave – medic	al cert	ificate provided Y or N?	-	_
Тур	e of Leave				
Plea	se checkmark one	Э.			
	Bereavement (B)	If J, B, C, L, M – Reason give	n:	
	Compassionat	e (C)	Sick – down with a cold.		
	Lieu Time (L)		Sick – down with a cold.		
	Court (J)				
Х	Marriage (W)				
^	Sick (S) Management (NA)			
	Vacation (V)	ivi)			
	vacation (v)				
If Le	eave is Without F	Pay (Cl	neck Here)		
	mployee's Signature V o	ernon	Morris	Supervisor's Signature	
-			29, 2018	Date	
Exe	cutive Director A				Date:

HR NAN Legal

From:

Derek Stephen <dstephen@nanlegal.on.ca>

Sent:

Monday, January 29, 2018 10:54 AM

To:

Jeff Robert

Cc:

'Vernon Morris'

Subject:

Fwd: Request for leave form - sick day

Attachments:

Request for Leave Record- Sick day, January 29, 2018.doc

Approved

Derek

Sent from my Samsung Galaxy smartphone.

----- Original message -----

From: Vernon Morris < vernonmmorris@nanlegal.on.ca>

Date: 2018-01-29 10:35 AM (GMT-05:00)

To: dstephen@nanlegal.on.ca

Cc: "Robert, Jeff" <<u>jrobert@nanlegal.on.ca</u>>, "Johnson, Chantelle" <<u>cjohnson@nanlegal.on.ca</u>>

Subject: Request for leave form - sick day

Derek: For you to approve if all is good with this request. Meegwetch



Date:	December 18, 2017 as follows:	
Name of Employee:	Vernon Morris1 copy – Employee1 copy – Finance/HR	
Position:	RJM NAN West	
Supervisor:	Derek Stephan	
Form required 3 days	in advance for V, M, D, C, J, W	
Number of Hours:	Date: December 18, 2017	_
Number of Days:		
From (ddmmyy): _I	December 20/17	
To (ddmmyy):I	December 22/17	
If sick leave – medical	certificate provided Y or N? N	
Type of Leave		
Please checkmark one.		
Bereavement (B)	If J, B, C, L, M – Reason given:	ĺ
Compassionate (Lieu Time (L) Court (J)	Derek: My wife is having eye surgery in WPG and so I need time off to be with her.	
Marriage (W)		
X Sick (S)		
Management (M)		
Vacation (V)		
If Leave is Without Pa	(Check Here)	
Employee's Signature Veri	Supervisor's Signature	
Date Dec	ember 18, 2017 Date	_
Executive Director App (Required for M. C. B Leave	roval Date:	

Upda.

Updated: October 2, 2013

HR NAN Legal

From:

Derek Stephen <dstephen@nanlegal.on.ca>

Sent:

Monday, December 18, 2017 1:42 PM

To:

Jeff Robert

Cc:

'Vernon Morris'

Subject:

Fwd: Request for leave record form

Attachments:

Request for Leave Record- December 18, 2017. WPG.doc

Approved

Derek

Sent from my Samsung Galaxy smartphone.

----- Original message -----

From: Vernon Morris < vernonmmorris@nanlegal.on.ca>

Date: 2017-12-18 1:11 PM (GMT-05:00)

To: dstephen@nanlegal.on.ca

Cc: "Robert, Jeff" < jrobert@nanlegal.on.ca> Subject: Request for leave record form

Derek: Please have a look at this request and if you approve it cc me your approval. Meegwetch



Date:	November 21, 2017		Please provide copies as follows:
Name of Employee:	Vernon Morris		1 copy – Employee
Position:	RJM NAN West		1 copy – Finance/HR 1 copy - Supervisor
Supervisor:	Derek Stephen		
Form required 3 days in	n advance for Vacation, Sick (Medical), Managem	ent, Lieu Time and Other.
Start Time Off Date December 13/1	7 Time	8:30 am	
Return To Work			
Date December 18/1	7 Time	8:30 am	
Number of Days 3	Number of Hours	21 hours	only 14h of liver &
If sick leave – medical ce	ertificate provided Y or N?		Entered I ded
Type of Leave			1
Please checkmark one.			
Bereavement (B)	If B, L, S, M, & Other - R	Reason given:	
X Lieu Time (L)	II P P		
Sick (S)	Use lieu time.		
Management (M)			
Vacation (V) If Leave is Without Pay (0)	Check Here)		
Employee's		Supervisor's	
	on Morris	Signature	
Date	November 21, 2017	Date	
Executive Director Appro (Required for M, B Leave			Date:

HR NAN Legal

From: Vernon Morris <vernonmmorris@nanlegal.on.ca>

Sent: Tuesday, November 21, 2017 1:51 PM

To: dstephen@nanlegal.on.ca

Cc: Robert, Jeff

Subject: Request for leave form. December 13 to 15/17

Attachments: 2016-06-29 - Request Leave - November 21, 2017..doc

Derek: I mentioned this request for leave at our management meeting on Monday, November 20/17. Please cc me your approval if you approve my request.

HR NAN Legal

From:

Derek Stephen <dstephen@nanlegal.on.ca>

Sent:

Tuesday, November 21, 2017 2:02 PM

To:

'Vernon Morris'

Cc:

jrobert@nanlegal.on.ca

Subject:

FW: Request for leave form. December 13 to 15/17

Attachments:

2016-06-29 - Request Leave - November 21, 2017..doc

Approved

Derek

From: Vernon Morris [mailto:vernonmmorris@nanlegal.on.ca]

Sent: Tuesday, November 21, 2017 1:51 PM

To: dstephen@nanlegal.on.ca

Cc: Robert, Jeff < irobert@nanlegal.on.ca>

Subject: Request for leave form. December 13 to 15/17

Derek: I mentioned this request for leave at our management meeting on Monday, November 20/17. Please cc me your approval if you approve my request.



Date:	November 21, 2017	•		Please provide copies as follows:
Name of Employee:	Vernon Morris			1 copy – Employee
Position:	RJM NAN West			1 copy – Finance/HR 1 copy - Supervisor
Supervisor:	Derek Stephen			
Form required 3 da	ays in advance for Vacati	on, Sick (I	Medical), Manageme	nt, Lieu Time and Other.
Start Time Off Date December	13/17	Time	8:30 am	
Return To Work Date December	18/17	Time	8:30 am	
Number of Days	3 Number	of Hours	21 hours	
If sick leave – medi	cal certificate provided Y or	r N?		-
Type of Leave	-			
Please checkmark	one.			
Bereavement	(B) If B, L, S, M, &	Other - F	Reason given:	
X Lieu Time (L) Sick (S) Management Vacation (V)	Use lieu time.			
If Leave is Without	Pay (Check Here)	_		
Employee's Signature	Vernon Morris		Supervisor's Signature	
Date	November 21, 2	2017	Date	
Executive Director (Required for M, B				Date:



Date:	Nov 3/17		copies as follows:
Name of Employee:	Verner Horse		1 copy – Employee
Position:	RJMNAN WEST		1 copy - Finance/HR 1 copy - Supervisor
Supervisor	Derek.		
Form required 3 days in	n advance for Vacation, Sick	(Medical), Management, Lieu Time and O	ther.
Start Time Off			
Date Nov 3//	7 Time	1:00 pm	
Return To Work			
Date No. 61	7 Time	8:30 am.	
Number of Days	Number of Hours	4.	
If sick leave – medical ce	ertificate 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 –		
If Leave is Without Pay (Check Here)		
Employee's Signature	Money	Supervisor's Signature	7
Date	la. 3117	Date Nov 3/17	•
Executive Director Appro (Required for M. B Leave		Date	Undated 15/08/2016



REQUEST FOR LEAVE RECORD

Date: Nocember 3 /17	Please provide copies as follows:
Name of Employee: Verum Morris	1 copy – Employee
Position: RTM West.	1 copy – Finance/HR 1 copy - Supervisor
Position: RTM NAN West Supervisor: Devole Stephen	
Form required 3 days in advance for Vacation, Sick (Medical), Management, Lieu Time and	Other.
Start Time Off	
Date <u>Oct. 50 //7</u> Time <u>8:30 am</u>	
Return To Work	
Date _Od-3/1/7 Time _ 8:30 a w	
Number of Days Number of Hours	
If sick leave – medical certificate 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) Management (M)	
Vacation (V)	
If Leave is Without Pay (Check Here)	
Employee's Signature Supervisor's Signature	
Date Na) 3 17 Date Nov 3 1	17
Executive Director Approval (Required for M, B Leave) Date:	

MY



Date	٠.	Διι	gust 23, 2017		Please provide copies as follows:
					1 copy – Employee
Nan	ne of Employee:	Ve	rnon Morris		1 copy – Finance/HR 1 copy - Supervisor
Pos	ition:	RJ	M NAN West		
Sup	ervisor:	·-			
For	m required 3 da	ys in a	advance for V, M, D, C, J, V	V	
Nun	nber of Hours:	2	Date:	August 23, 20	017
Nun	nber of Days:	0			
Fror	n (ddmmyy):	Augı	ust 22, 2017		
To (ddmmyy):	Augı	ust 22, 2017		
If sid	ck leave – medic	al cert	ificate provided Y or N?		_
Тур	e of Leave				
Plea	se checkmark one				
	Bereavement (I	3)	If J, B, C, L, M – Reason giver	1:	
	Compassionate	187			
Χ	Lieu Time (L)		Family matters at the hospi	tal	
	Court (J)				
	Marriage (W)				
	Sick (S) Management (N	M)			
	Vacation (V)	•••/			
	3 (2)				
If Le	eave is Without P	ay (Cl	neck Here)		
	mployee's signature Ve	rnon	Morris	Supervisor's Signature	
	Date		August 23, 2017	Date	
Exe (Req	cutive Director A uired for M, C, B Lea	pprova	al		Date:

Updated: October 2, 2013



Date:	Oc	tober 16/17			is follows:
Name of Employee:	Vei	non Morris		1	copy – Employee copy – Finance/HR copy - Supervisor
Position:	RJI	M NAN WEst			оср, осроинсь
Supervisor:	Dei	rek Stephan			
Form required 3 da	ays in a	advance for V, M, O, D, C, J	, W		
Number of Hours:	14	Date:	October 16/1	7	
Number of Days:	2				
From (ddmmyy):	Octo	ber 16 & October 20/17			
To (ddmmyy):	0				
If sick leave – medic	cal cert	ficate provided Y or N?		_	
Type of Leave					
Please checkmark on	e.				
Bereavement	(B)	If J, B, C, L, M, & Other - Rea	son given:		
X Lieu Time (L)	te (C)	Taking days off for rest & se	elf care.		
Court (J)		•			
Marriage (W)					
Sick (S)					
Management ((M)				
Vacation (V) Other					
If Leave is Without	Pay (Cl	neck Here)			
Employee's Signature V	ernon	Morris	Supervisor's Signature	AL ST	2
Date	J	October 16/17	Date	(BL) 11	5
Executive Director			Date	Data	
(Required for M, C, B Le	eave)			Date:	
		Confirmed	by Human Re	sources	





Date	e :	No	Please provide copies as follows:
Nam	ne of Employee	e: Ve	rnon Morris 1 copy – Employee 1 copy – Finance/HR 1 copy - Supervisor
Posi	tion:	RJ	M NAN West
Sup	ervisor:	De	rek Stephen
For	n required 3 o	lays in	advance for V, M, D, C, J, W
Num	nber of Hours:	7	Date: November 17/17
Num	nber of Days:	11	
Fror	m (ddmmyy):	Nove	ember 17/17
To (ddmmyy):	Nove	ember 17/17
If sid	ck leave – med	ical cert	ificate provided Y or N?
Тур	e of Leave		
Plea	se checkmark o	ne.	
	Bereavement	: (B)	If J, B, C, L, M – Reason given:
	Compassiona	ate (C)	Requesting a day off Family event planned
Х	Lieu Time (L)		Requesting a day off. Family event planned.
	Court (J)		
	Marriage (W)		
	Sick (S) Management	(M)	
	Vacation (V)	(101)	
If Le	eave is Without	Pay (C	heck Here)
	mployee's Signature	Vernon	Supervisor's Signature
	Date _I	Noveml	per 1/17 Date 1/0 / 1/17
	cutive Director		al Date:



Nishnawbe-Aski Legal Services Corporation

Request to Work Overtime

Employee: Vernon Morros

Date: October 1, 2017.

Overtime and Lieu Time

The employer may grant lieu time when it is convenient to both the employee and the employer provided that it is requested, in writing, three (3) days in advance on the prescribed form.

Date requesting to work overtime: October 1, 2017 Hours: 5 hrs

Reason for request:

Travel from Slowx Lookent to Thursder Bay.

Attend R.J. + Band By-Law rutings.

Employee Signature

Manager's authorization

✓
Approved

Denied

All A

Created August 20, 2013



REQUEST FOR LEAVE RECORD

Date:	September 26, 2017		Please provide copies as follows:
Name of Employee:	Vernon Morris		1 copy – Employee
Position:	RJM NAN West		1 copy – Finance/HR 1 copy - Supervisor
Supervisor:	Derek Stephen		
Form required 3 days in	advance for Vacation, Sick (Medical), Manageme	nt, Lieu Time and Other.
Start Time Off			
Date September 25/1	7 Time	8:30 am	
Return To Work			
Date September 26, 2	2017 Time	8:30 am	
Number of Days1	Number of Hours	7	
If sick leave – medical ce	rtificate provided Y or N?		-
Type of Leave			
Please checkmark one.			
Bereavement (B)	If B, L, S, M, & Other - F	Reason given:	
X Lieu Time (L) Sick (S) Management (M) Vacation (V)	Derek: I apologize for sen	ding this form to you a	after the fact. I needed Monday September 25, out accordingly at that time. Meegwetch
If Leave is Without Pay (0	Check Here)		
Employee's Signature Vern	on Morris	Supervisor's Signature	
Date Sept	ember 26, 2017	Date	
Executive Director Appro (Required for M, B Leave) *	Date: 26/17

All

Updated 26/09/2017



Date:	August 31, 2017		Please provide copies as follows:
Name of Employee:	Vernon Morris		1 copy – Employee
Position:	RJM NAN West		1 copy – Finance/HR 1 copy - Supervisor
Supervisor:	Mary Bird		
Form required 3 day	s in advance for Vacation, Sick (I	<u> Medical), Manageme</u>	nt, Lieu Time and Other.
Start Time Off Date September 1	8/17 Time	8:30 am	
Return To Work Date September 2	5/17 Time	8:30 am	
Number of Days _5	Number of Hours	35	
If sick leave – medical	certificate provided Y or N?		
Type of Leave			
Please checkmark on	e.		
Bereavement (B	if B, L, S, M, & Other – R	Reason given:	
Lieu Time (L) Sick (S) Management (M X Vacation (V)	Taking vacation days		
If Leave is Without Pa	y (Check Here)		
Employee's Signature <u>V</u>	ernon Morris	Supervisor's Signature	Kd Rt
Date	August 31, 2017	Date	31 August 2017
Executive Director Ap (Required for M, B Le			Date:





Date:	August 23, 2017	Please provide copies as follows:
Name of Employee:	Vernon Morris	1 copy – Employee 1 copy – Finance/HR 1 copy - Supervisor
Position:	RJM NAN West	
Supervisor:		
Form required 3 da	ys in advance for V, M, D, C	C, J, W
Number of Hours:	2	Date: August 23, 2017
Number of Days:	0	
From (ddmmyy):	August 22, 2017	
To (ddmmyy):	August 22, 2017	
If sick leave - medic	cal certificate provided Y or N	·
Type of Leave		
Please checkmark one) .	
Bereavement (B) If J, B, C, L, M – Reason	n given:
Compassionat	e (C) Family matters at the	hospital
X Lieu Time (L) Court (J)	, anni, manoro ar are	
Marriage (W)		
Sick (S)		
Management (M)	
Vacation (V)		
If Leave is Without I	Pay (Check Here)	
Employee's Signature V	ernon Morris	Supervisor's Signature
Date	August 23, 2017	Date 23 Dugnet 2017
Executive Director A (Required for M, C, B Le		Date:



Date:	August 22, 2017 Please provide copies as follows:
Name of Employee:	Vernon Morris 1 copy – Employee 1 copy – Finance/HR 1 copy - Supervisor
Position:	RJM NAN West
Supervisor:	Mary Bird
Form required 3 day	ys in advance for V, M, D, C, J, W
Number of Hours:	21 Date: August 22, 2017
Number of Days:	3
From (ddmmyy):	August 28/17
To (ddmmyy):	August 30/17
If sick leave – medica	al certificate provided Y or N?
Type of Leave	
Please checkmark one	k
Bereavement (F	3) If J, B, C, L, M – Reason given:
Compassionate Lieu Time (L) Court (J)	Escorting my wife to a medical appointment in WPG.
Marriage (W)	
X Sick (S) Management (N	M)
Vacation (V)	
If Leave is Without P	ay (Check Here)
Employee's Signature Ve	Supervisor's Signature
Date	Date 23 August 2017
Executive Director A (Required for M, C, B Lea	

M



REQUEST FOR LEAVE RECORD

Date:	August 24, 2017	as follows:
Name of Employee:	Vernon Morris	1 copy – Employee 1 copy – Finance/HR
Position:	RJM NAN West	1 copy - Supervisor
Supervisor:	Mary Bird	
Form required 3 day	s in advance for V, M, D, C, J, V	V
Number of Hours:	3.5 Date:	August 24, 2017
Number of Days:	0	
From (ddmmyy):	August 25, 2017	
To (ddmmyy):	August 25, 2017	
If sick leave - medica	al certificate provided Y or N?	
Type of Leave		
Please checkmark one.		
Bereavement (E	B) If J, B, C, L, M – Reason giver	n:
Compassionate X Lieu Time (L)	(C) Requesting to take Friday a	afternoon off to take grand children to the Dryden Fair.
Court (J)		
Marriage (W)		
Sick (S)	•	
Management (N Vacation (V)	i)	
vacation (v)		
If Leave is Without Pa	ay (Check Here)	
Employee's Signature Ve	rnon Morris	Supervisor's Signature
Date	August 24, 2017	Date 29 August 2017
Executive Director Ap		Date:

NH



Date:	August 24, 2017 as follows:
Name of Employee:	Vernon Morris 1 copy – Employee 1 copy – Finance/HR 1 copy - Supervisor
Position:	RJM NAN West
Supervisor:	Mary Bird
Form required 3 day	s in advance for V, M, D, C, J, W
Number of Hours: _	3.5 Date: August 24, 2017
Number of Days:	0
From (ddmmyy):	August 25, 2017
To (ddmmyy):	August 25, 2017
If sick leave – medica	I certificate provided Y or N?
Type of Leave	
Please checkmark one.	
Bereavement (B) If J, B, C, L, M – Reason given:
Compassionate X Lieu Time (L) Court (J) Marriage (W) Sick (S) Management (M	Requesting to take Friday afternoon off to take grand children to the Dryden Fair.
Vacation (V)	
If Leave is Without Pa	
Employee's Signature <u>Ver</u>	non Morris Supervisor's Signature
Date	August 24, 2017 Date 25 August 2015
Executive Director Ap	proval e) Date:

Updated: October 2, 2013

Please provide copies



Date:	May 30/17		Please provide copies as follows:
Name of Employee:	May 30/17 Vernen Morres		1 copy – Employee
Position:			1 CONV — FINANCO/HD
Supervisor:	RIM NAN West Celina Reitberg	zer	_
Form required 3 days i	n advance for Vacation, Sick (Med		
Number of Hours:	Z Date:	May 29/17	
Number of Days:	/		
To (ddmmyy):	May 29/17 May 29/17		
	rtificate provided Y or N?		
Type of Leave			
Please checkmark one.			
Bereavement (B)	If B, L, S, M, & Other - Reas	on given:	
Lieu Time (L) Sick (S)	4		8
Management (M)			
X Vacation (V)			
Other			
If Leave is Without Pay (0	Check Here)		
Employee's Signature	you plans	Supervisor's Signature	Xe Albergo
Date /	04 30/17	Date May	130/17
Executive Director Approx	yal	- /	7
(Required for M, B Leave		Date:	





REQUEST FOR LEAVE RECORD

Date:	May 10, 2017 Vernon Morns	2017 Please provide copies as follows:				
Name of Employee:	Vernon Morns	1 copy – Employee				
Position:	RJM NAN West	1 copy – Employee 1 copy – Finance/HR 1 copy - Supervisor				
Supervisor: Celina Roitherger						
Form required 3 days in a	edvance for Vacation, Sick (Medical), Management, Lieu Time and (Other.				
Start Time Off		<u></u>				
Date May 10, A	1017. Time 1:00 pm.					
Return To Work	,					
Date Moy 11, a	1017 Time 9:00 am.					
	Number of Hours 4 hrs.					
If sick leave – medical certif	icate 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)	General.					
Management (M)						
Vacation (V)						
If Leave is Without Pay (Che	eck Here)					
Employee's Signature	an Nonto Supervisor's Signature	,				
Date May	10, 2017 Date May 10	117				
Executive Director Approval (Required for M, B Leave)	Date:					



Updated 21/02/2017



Date	e :	Ma	y 5/17	Please provide copies as follows:
Nan	ne of Employee	: Vei	non Morris	1 copy – Employee 1 copy – Finance/HR
Pos	ition:	RJ	Manager NAN West	1 copy - Supervisor
Sup	ervisor:	Act	ing ED Mary Bird	
For	m required 3 d	ays in a	dvance for V, M, O, D, C, J, W	
Nun	nber of Hours:	14	Date: May 5/16	
Nun	nber of Days:	2		
Fror	m (ddmmyy):	Мау	25/17	
То (ddmmyy):	Мау	26/17	
If sid	ck leave – medi	cal cert	ficate provided Y or N?	
Тур	e of Leave			
	se checkmark on	ie.		
	Bereavement	(B)	If J, B, C, L, M, & Other - Reason given:	
X	Compassionate (C) Lieu Time (L)		I have an appointment in Thunder Bay.	
	Court (J)		My current balance of lieu time will cover the 14 hours that	I am requesting.
	Marriage (W)		,	
	Sick (S)			
	Management	(M)		
	Vacation (V) Other			
	Other	,l		
If Le	eave is Without	Pay (Ch	eck Here)	
	mployee's Signature V	ernon l	Supervisor's Signature	P
	Date N	lay 5/17	Date 8 Man	2017
	cutive Director A		Date:	
			Confirmed by Human Resources	

Cappel on Lew may 157.7 6



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

Date:	May 8, 2017			Please provide copies as follows:		
Name of Employee:	Vernon Morris			1 copy – Employee		
Position:	RJM NAN West			1 copy – Finance/HR 1 copy - Supervisor		
Supervisor:	Celina Reitberger/ Ma					
Form required 3 days in	n advance for Vacation,	Sick (N	Medical), Manageme	nt, Lieu Time and Other.		
Start Time Off Date June 2/17		Time _	8:30 am			
Return To Work Date June 5/17		Time _	8:30 am			
Number of Days 1	Number of Days _ 1 Number of Hours _ 7					
If sick leave – medical certificate provided Y or N?						
Type of Leave						
Please checkmark one.						
Bereavement (B) If B, L, S, M, & Other - Reason given:						
X Lieu Time (L)						
Sick (S) Management (M)						
Vacation (V)						
If Leave is Without Pay (Check Here)						
Employee's Signature Verr	non Morris		Supervisor's Signature	Kari		
Date	May 8, 2017		Date	8 May 2017		
Executive Director Appro				Date:		



Date:	December 13, 2016	Please provide copies as follows:
Name of Employee:	Vernon Morris	1 copy – Employee
Position:	RJM NAN West.	1 copy – Finance/HR 1 copy - Supervisor
Supervisor:	Celina Reitherger	
Form required 3 days in	n advance for Vacation, Sick (Medical), Management, Lieu Time and	Other.
Start Time Off		
Date <u>December</u>	16,2016 Time 8:30 am.	
Return To Work		
Date Secember	20,2016 Time 8:30 am.	
	Number of Hours 14 hours.	
If sick leave – medical ce	rtificate 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)		
Management (M)		
Vacation (V)		
If Leave is Without Pay (C	Check Here)	
Employee's Signature	rum Monis Supervisor's Signature	Otheren
Date	reember 13, 2016 Date Dac 13	1168
Executive Director Approv		
(Required for M, B Leave)	Date:	

Apr, 1 2016 - Mar, 31 2017

Adoptive Leave Paid

Bereavement Leave

Electronic Log Sheet

Employee:

Adoption Leave Unpaid Education Leave EL Sick Leave SL ALUP Leave of Absence LOA Statutory Holiday StatH ALBL Management Day MD Time in Lieu Earned TILE

Maternity Leave Time in Lieu Taken TILT Compassionate Leave CLMLPLCourt Leave Paid CLP Parental Leave Vacation Vac

Date of Leave	Type	File (Y/N)	Email	Date	Hours
Ha-8/14	82	Ч	Relberga	Apr8	3
may 6/16	Lieu (TILT)	y	Reltberger	may 6	3
J		0		J	

April 4, 2017

follows:

Please provide copies as



Date:

NISHNAWBE-ASKI LEGAL SERVICES CORPORATION BENEFIT CARRY-OVER REQUEST

Rame of Employee.	ACIMON MONTO		1 copy – Employee
Posilion:			1 copy – Finance/HR 1 copy - Supervisor
Supervisor:	Celina Reitberger	•	r sapy Copulation
Program:			
VACATION CREDITS (Require if great than 5 day Carry-over balance: No. of days requested:	<u></u>	REASON FOR CARRY: per Softwork Mar	OVER AND DATE TO BE TAKEN ch 31, 2017
LIEU LEAVE CREDITS			
No. of hours requested:			
	,		
	Alexander Con		Ans 7/17
Employee's Signature	www. juje	N. C.	Date:
Supervisor's Signature	Keethe	el-	Date: 4/7//7
Executive Director Signature (if required)			Date:



Nishnawbe-Aski Legal Services Corporation

Request to Work Overtime

Employee: Vernon Morris

Date: January 18,2017.

Overtime and Lieu Time

The employer may grant lieu time when it is convenient to both the employee and the employer provided that it is requested, in writing, three (3) days in advance on the prescribed form.

Date requesting to work overtime: Jan. 18/17 Hours: 4.

Reason for request:

Lieu time.

Employee Signature

Manager's authorization

X

Approved

Denied

Manager Signature

Nishnawbe-Aski Legal Services Corporation

⊲σιαν Δυρορογιαν νοιαν νουσο «Δυγισιαν νουσορογιαν νουσον νουσ

Fax Cover

 Date:
 January 13, 2017

 To:
 Jeff

 Fax:
 807-622-3024

 From:
 Vernon

 Re:
 Doctor's note

Message:

Please include in my file for the days I've been sick and not at work.

Celina approved my sick days request for this week . January 9-13

Doc prescribed some medication for me so I should be ok soon. I hope.

We are transmitting the following 2 pages (including this cover letter). If you do not receive all pages, please call us as soon as possible.

Telephone: 1-866-590-4763 Fax: 807-737-4847

Contact: Vernon Morris_____

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 strictly prohibited. If 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:

5 S. Cumberland Street Thunder Bay, Ontario P7B 2V3

Tel: (807) 622-1413 Fax: (807) 622-3024

mail: info@nanlegal.on.ca Website: htp://www.nanlegal.on.ca



Head Office:

684 City Road Unit 14 Thunder Bay, Ontario P7J 1K3

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Transmission Report



Date/Time Local ID 1 01-13-2017 807-737-4847

> Mailing Address: 5 S. Cumberland Street

> > P78 2V3

Tel: (807) 622-1413 Fox: (807) 622-3024

Trait Info\$nategation ca Website: trait/www.nanlegation.ca

> 684 City Road Unit 14 under Bay, Ontario P7J 1K3

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Transmit Header Text Local Name 1

Nishnawbe-Aski Legal Services

This document: Confirmed (reduced sample and details below)

Document size: 8.5"x11"

Nishnawbe-Aski Legal Services Corporation

Fax Cover

 Date:
 January 13, 2017

 To:
 Jeff

 Fax:
 807-622-3024

 From:
 Vernon

 Re:
 Doctor's note

Message:

Please include in my file for the days I've been sick and not at work.

Celina approved my sick days request for this week. January 9-13

Doe prescribed some medication for me so I should be ok soon, I hope,

We are transmitting the following 2 pages (including this cover letter). If you do not receive all pages, please call us as soon as possible.

Telephone: 1-866-590-4763 Fax: 807-737-4847

Contact: Vernon Morris_____

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Total Pages Confirmed: 2

Total F	Pages Scanned	: 2	total rages Committee					1 - 1 - T	Daguilea
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Abbreviations:

HS: Host send HR: Host receive WS: Waiting send PL: Polled local PR: Polled remote MS: Mallbox save MP: Mailbox print

RP: Report FF: Fax Forward CP: Completed FA: Fall

TU: Terminated by user

TS: Terminated by system

G3: Group 3 EC: Error Correct



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION BENEFIT CARRY-OVER REQUEST

Date:	April 4, 2017		follows:
Name of Employee:	Vernon Morris	i	1 copy – Employee
Position:			1 copy – Finance/HR 1 copy - Supervisor
Supervisor:	Celina Reitber	rger	2. e
Program:			
VACATION CREDITS (Require if great than 5 day Carry-over balance: No. of days requested: LIEU LEAVE CREDITS No. of hours requested:	.10	REASON FOR CARRY	OVER AND DATE TO BE TAKEN TO STATE OF THE STATE OF T
Employee's Signature	ı		Date:
Supervisor's Signature	Keef	lege	Date: 4/7//7
Executive Director Signature (if required)			Date:

*If excess days are requested, Executive Director approval is required.

norris

Apr, 1 2016 - Mar, 31 2017

Electronic Log Sheet

Employee:

MORRIS VERNON

Sick Leave SL Adoption Leave Unpaid Education Leave EL **ALUP** StatH LOA Statutory Holiday Leave of Absence Adoptive Leave Paid ALTILE Time in Lieu Earned Bereavement Leave BLManagement Day MD Time in Lieu Taken TILT MLMaternity Leave Compassionate Leave CLVac Vacation PL CLP Parental Leave Court Leave Paid

Date of Leave	Type	File (Y/N)	Email	Date	Hours
June 15/2016	Vac	7	Reitberger	Jue 15	7
July 7/2016	TILT	Y	RETBERGER	July 7	2
Jure 24 - 30/16	VACATION	N	SELF	June 23	35
Sept. 19/16	TILT	Y	Reitberger	Sept.19	7
Oct. 6 to Oct. 7/16	TILT	Y	Roitberger	Sept. 23	14
Oct. 17/16	TILT	7	Reitberger	Set. 22	-1
Sept. 29/16	TILE	Y	Reitberger	Sept 29	
Oct. 3-7/16	isl	N	Self	Oct. 3	35
Nov. 18/16	SL	N	self	NOV.18	7
Jan. 9/17	SZ	N	self	Jun9	7
Jan. 9/17	SL	Y	Reitberger	Jan 9	7
JAN 11/17	SL	N	JOHNSON	JANII	
JAN10-15/17	SL	Y	Reitberger	JANA	
Feb. 6, 2017	TIT	7	Kertberger	JAN31	7
Feb 10/17	TILT	7	BIRD	Feb8	3
MARCHIOLIZ	SL	y	self	march	7
March 13 to 17/1	TILTWAC	Y	Reitbergel	march)	35
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Nishnawbe-Aski Legal Services Corporation

Request to Work Overtime

Employee: Vernon Morris

Date: November 10/16.

Overtime and Lieu Time

The employer may grant lieu time when it is convenient to both the employee and the employer provided that it is requested, in writing, three (3) days in advance on the prescribed form.

Date requesting to work overtime:

Hours: 4.5

November 11/16 - Statutory Holiday.

Reason for request:

Travel from Thunder Bay to Sioux Lookout.

Employee Signature

Manager's authorization

Approved

Denied

Manager Signature

Created August 20, 2013





REQUEST FOR LEAVE RECORD

Date:	Jui	ne 10, 2016		as follows:
Name of Employee:	Ve	rnon Morris		1 copy – Employee 1 copy – Finance/HR 1 copy - Supervisor
Position:	RJ	Manager NAN West		
Supervisor:	Ce	lina Reitberger_		
Form required 3 da	ays in a	advance for V, M, O, D, C, J	, W	
Number of Hours:	3	Date: _	June10/16	
Number of Days:	0	4		
From (ddmmyy):	June	10, 2016		
To (ddmmyy):	June	10, 2016		
If sick leave – medic	cal cert	ificate provided Y or N?		-
Type of Leave		_		
Please checkmark one	e.			
Bereavement (` '	If J, B, C, L, M, & Other - Rea	son given:	
X Compassionat Lieu Time (L) Court (J)	e (C)	A close relative who travelle to drive him to Thunder Bay	d in to SLKT fro for an appointr	om Muskrat Dam last night has asked me nent.
Marriage (W)		Requesting time off in the a	fternoon.	
Sick (S) Management (Vacation (V)	(M)			
Other			<u></u>	
If Leave is Without I	Pay (Cl	neck Here)		
Employee's Signature V	ernon	Morris	Supervisor's Signature	
Date <u>J</u>	<u>une 10</u>	, 2016	Date	
Executive Director A (Required for M, C, B Le	Approva ave)	al 		Date:
		Confirmed	by Human Res	ources



Date:	May 2/16 as follows:	165
Name of Employee:	Vernon Morris 1 copy – Employee 1 copy – Finance/H 1 copy - Supervisor	łR
Position:	RJ Manager NAN West	
Supervisor:	Acting E.D. Mary Bird	
Form required 3 da	ys in advance for V, M, O, D, C, J, W	
Number of Hours:	1 Date: May 2/16	
Number of Days:	0	
From (ddmmyy):	May 2/16	
To (ddmmyy):	May 2/16	
If sick leave – medic	al certificate provided Y or N?	
Type of Leave		
Please checkmark one		
Bereavement (B) If J, B, C, L, M, & Other - Reason given:	
X Compassionate Lieu Time (L)	Support for Muskrat Dam First Nation family.	
Court (J)		
Marriage (W) Sick (S)		
Management (I	M)	
Vacation (V)		
Other		
If Leave is Without F	ay (Check Here)	
Employee's Signature Ve	Supervisor's Signature	
Date M	ay 2/16 Date 2 May 2016	
Executive Director A (Required for M, C, B Lea		
	Confirmed by Human Resources	



Date:	Ma	Please provide as follows:	copies
Name of Employee	N - 12-11	1 copy – Emplernon Morris 1 copy – Finan	
rame of Employee		1 copy - Super	
Position:	RJ	J Manager NAN West	
Supervisor:	Ac	cting E.D. Mary Bird	
Form required 3 d	lays in a	advance for V, M, O, D, C, J, W	
Number of Hours:	2	Date: May 4/16	
Number of Days:	0		
From (ddmmyy):	May	4/16	x
To (ddmmyy):	May	4/16	
If sick leave – med	ical cert	tificate provided Y or N?	
Type of Leave			
Please checkmark or	ne.		
Bereavement	(B)	If J, B, C, L, M, & Other - Reason given:	
X Lieu Time (L) Court (J) Marriage (W)	ate (C)	Attending a graduation ceremony at the Pelican Falls High School. Grandson i graduating.	s
Sick (S) Management	(M)		
Vacation (V) Other			
If Leave is Without	Pay (Cl	Check Here)	
Employee's Signature	Vernon	Supervisor's Signature	
Date _I	May 4/1	Date St May 2016	
Executive Director (Required for M, C, B L		/al Date:	
		Confirmed by Human Resources	



Date:	May 6/16 Please provide copies as follows:
Name of Employee:	1 copy – Employee
Name of Employee.	Vernon Morris 1 copy – Finance/HR 1 copy - Supervisor
Position:	RJ Manager NAN West
Supervisor:	Acting ED Mary Bird
Form required 3 day	s in advance for V, M, O, D, C, J, W
Number of Hours:	3 Date: May 6/16
Number of Days:	0
From (ddmmyy):	May 6/16
To (ddmmyy):	May 6/16
If sick leave – medica	al certificate provided Y or N?
Type of Leave	
Please checkmark one.	
Bereavement (E	B) If J, B, C, L, M, & Other - Reason given:
Compassionate	(C)
X Lieu Time (L)	It's a very nice day and I wanted to take the afternoon off.
Court (J)	
Marriage (W)	
Sick (S)	
Management (N	M)
Vacation (V)	
Other	
If Leave is Without P	ay (Check Here)
Employee's Signature Ve	Supervisor's Signature
Date Ma	Date 6 May 2016
Executive Director A (Required for M, C, B Lea	pproval ve) Date:
	Confirmed by Human Resources



Nishnawbe-Aski Legal Services Corporation

Request to Work Overtime

Employee: Vernon Morris

Date: April 20/16

Overtime and Lieu Time

The employer may grant lieu in employer provided that it is in prescribed form.	time when it is conv requested, in writing	renient to both the employee g, three (3) days in advance	and the
Date requesting to work overti	me: April 20/16	Hours: 3	
Reason for request: Kenora Tr	rip RJ matters		
Manager's authorization	Approved	 Denied	
Manager Signature	Date		
Vernon Morris Employee Signature			

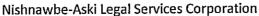


NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

REQUEST FOR LEAVE RECORD

Date:	April 22/16	Please provide copies as follows:			
Name of Employee:	April 22/16 Vernon Morris	1 copy – Employee			
Position:	RJ Manager NAN West.	1 copy – Finance/HR 1 copy - Supervisor			
Supervisor:	RJ Manager NAN West. Celina Reithergu				
Form required 3 days	<u>in advance for Vacation, Sick (Medical), Management, Lieu Time an</u>	d Other.			
Number of Hours:	2.5 Date: April 22/16				
Number of Days:					
From (ddmmyy):	April 22/16				
To (ddmmyy):	April 22/16 April 22/16				
If sick leave – medical o	certificate provided Y or N?				
Type of Leave					
Please checkmark one.		ļ			
Bereavement (B)	If B, L, S, M, & Other - Reason given:				
Lieu Time (L)	Lièu timo.				
Sick (S) Management (M)					
Vacation (V)					
If Leave is Without Pay (<i>Q</i> heck Here)					
Employee's //	Supervisor's Signature Selene	Teller			
Date	pn/22/16. Date Apr. 2	2//6			
Executive Director App (Required for M, B Lea					





Request to Work Overtime

Employee: Vernon Marris

Date: April 21/16

Overtime and Lieu Time

The employer may grant lieu time when it is convenient to both the employee and the employer provided that it is requested, in writing, three (3) days in advance on the prescribed form.

Date requesting to work overtime: April 21/16 Hours: 4-5

Reason for request:

Very busy day in Stoux Lookout. (Work)

Had to travel from Swix Lookout to Thunder Boy after work

Nous.

Meyer Mones

mployee Signature

Employee Signature

Manager's authorization

Approved

Denied

Manager Signature

Created August 20, 2013

Morris

Apr, 1 2015 - Mar, 31 2016

Electronic Log Sheet

Employee: Vernon Morris

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

Date of Leave	Туре	File Location	Hours
Ja 12/16	TILT	5. PDF email Reitburger 5. PDF Keitburger zmall email Self Sen 14/1	3
Son 15/16	TILT	2.PDF Keitberger smill email Self Sen 14/	6 7
In Mgo	TOLT	280f end Ro. Herzer In 2	1/4 Liss
Mar 14/4	Nac	2 RDF end Rollberger Jack Ads to 1/2 as per phon Call from Self to I. Robert	e
Mar 14/16	Vac	S.ADF CReitberger Feb8/1	I .
Feb 12/14	CLP	3. PDF CReitberger &cb9/1	67
Cib U/4	TILT	3. Ask Reutlinger	2
Cos volue	TILE	S.P.D.C. Relburger Feb. 19	1143
Mar Illip	Thir	3005	7
Mar 19/16 -	TILT	SPOR	1.5
A \$16			
<u> </u>			



Date:	Ma	rch 3/16 Please provide copies as follows:			
Name of Employee: Ve		rnon Morris 1 copy – Employee 1 copy – Finance/HR			
Position:	RJ	1 copy - Supervisor Manager NAN West			
Supervisor:	Ce	lina Reitberger			
Form required 3 da	ys in :	advance for V, M, O, D, C, J, W			
Number of Hours:	7	Date: March 3/16			
Number of Days:	1				
From (ddmmyy):	Marc	h 11/16			
To (ddmmyy):	Marc	h 11/16			
If sick leave – medic	al cert	ificate provided Y or N?			
Type of Leave					
Please checkmark one	ł.				
Bereavement (B)	If J, B, C, L, M, & Other - Reason given:			
Compassionate X Lieu Time (L) Court (J) Marriage (W) Sick (S) Management (I) Vacation (V)	e (C)	Trying to use lieu time before the end of this month. My current balance should be about 26 hours minus this request of 7 hours. My balance will be approximately 19 hours if this request is approved.			
Other					
If Leave is Without P	ay (Cl	neck Here)			
Employee's Signature V e	rnon	Supervisor's Signature			
Date Ma	Date March 3/16 Date 3 March 2016				
Executive Director A (Required for M, C, B Lea	pprova	Date:			
		Confirmed by Human Resources			

Nishnawbe-Aski Legal Services Corporation

.Fax Cover

Date:	rebruary 9/16	
To:	Jeff Robert	•
Fax:	807-622-3024	

From: Vernon

Notice for cross examination - Friday, February

Re: 12/16

Message:

Please make a copy for Celina

Do we have a policy that will permit me to take a day off to attend to this matter?

We are transmitting the following pages (including this cover letter). If you do not receive all pages, please call us as soon as possible.

Telephone: 1-866-590-4763 Fax: 807-737-4847

Contact: ____Vernon Morris____

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 strictly prohibited. If you have received this in error, please notify us

Mailing Address:

5 S. Cumbeiland Street Thunder Bay, Ontario P7B 2V3

Tel; (807) 622-1413 Fox: (807) 622-3024

тай: info@nanlegal.on.ca Website: ttp://www.nanlegal.on.ca



Head Office:

684 City Road Unit 14 Thunder Bay, Ontario P7J 1K3

Court File No. T-1965-15

FEDERAL COURT OF CANADA

BETWEEN:

GORDON BEARDY, FRANCINE MCKENZIE, JOY BARKMAN

Applicants

- and -

STAN BEARDY, ROY FIDDLER, CHARLIE L. BEARDY, JOHN L. MORRIS, OLIVIA DUNCAN, LISA BEARDY (AKA LIZA BEARDY), ERNIE HARPER, CLIFF FERRIS, JOB FIDDLER, KATHLEEN BEARDY, IRENE ROSS, MARY ANN BEARDY

Respondents

TO: VERNON MORRIS c/o Susan Vella, Rochon|Genova LLP, 900-121 Richmond Street W. Toronto, Ontario, M5H 2K1.

YOU ARE REQUIRED TO ATTEND A CROSS-EXAMINATION on your affidavit, sworn 3 February 2016 on February 10th, 11th, and 12th, commencing at 9am to be held at the Town Place Suites, 550 Harbour Expressway, Thunder Bay, ON (Court Reporter-Lynn Andreychuk).

YOU ARE ALSO REQUIRED TO BRING WITH YOU and produce at the examination the following documents and things:

1) Your original affidavit, sworn 3 February 2016 and the exhibits attached thereto.

TRAVEL EXPENSES will be agreed upon, or waived, by counsel, on consent, or, in the alternative, if no agreement can be reached between counsel, shall be calculated and paid in accordance with Tariff A of the Federal Court Rules.

THE EXAMINATION WILL BE CONDUCTED IN English. IF you prefer to be examined in the other official language, an interpreter may be required and you must immediately advise the solicitor for the party conducting the examination.

IF YOU FAIL TO ATTEND OR REMAIN UNTIL THE END OF THIS EXAMINATION, YOU MAY BE COMPELLED TO ATTEND AT YOUR OWN EXPENSE AND YO UMAY BE FOUND IN CONTEMPT OF COURT.

02-09-2016

INQUIRIES CONCERNING THIS DIRECTION may be directed to Mike Maher, of Buset &Partners LLP.

February 8th, 2016

BUSET & PARTNERS LLP 1121 Barton St. Thunder Bay, ON P7B 5N3 Tel. (807) 623-2500 Fax (807) 622-7808

Mike Maher LSUC Number 68820P Solicitor for the Applicants



Date:	Fe	bruary 25/16 as follows:			
Name of Employee:	Ve	1 copy – Employee 2 1 copy – Finance/HR 1 copy - Supervisor			
Position:	RJ	J Manager NAN West			
Supervisor:	Се	elina Reitberger			
Form required 3 da	ys in	advance for V, M, O, D, C, J, W			
Number of Hours:	3.5	Date: February 26/16			
Number of Days:	0				
From (ddmmyy):	Febr	ruary 26/16			
To (ddmmyy):	Febr	ruary 26/16			
If sick leave – medic	cal cer	tificate provided Y or N?			
Type of Leave					
Please checkmark one	е.				
Bereavement ((B)	If J, B, C, L, M, & Other - Reason given:			
X Compassionat	e (C)	Current balance of lieu as of February 25/16 is 30 hours. Requesting 3.5 hour and if approved a balance of 26.5 hours will remain.			
Court (J) Marriage (W) Sick (S)		Reason for this request is I will be leaving on Friday afternoon for a weekend outing if my request is approved.			
Management ((M)				
Vacation (V) Other					
If Leave is Without I	Pay (C	check Here)			
Employee's Signature V	ernon	Morris Supervisor's Signature			
Date <u>F</u>	ebrua	ry 25/16 Date 3 16 16			
Executive Director A (Required for M, C, B Le		val Date:			
		Confirmed by Human Resources			



Nishnawbe-Aski Legal Services Corporation

Request to Work Overtime

Employee: Vernon Morris

Date: December 14, 2015
As per the personnel policy Section 22, e: Overtime and Lieu Time e) The employer may grant lieu time when it is convenient to both the employee and the employer provided that it is requested, in writing, three (3) days in advance on the prescribed form.
<u>Date requesting to work overtime:</u> Dec. 14 <u>Hours</u> : 3.5 <u>Reason for request</u> : Travel from Thunder Bay to Sioux Lookout after attendance at management meeting.
Manager's authorization Approved Denied
Manager Signature Employee Signature



Nishnawbe-Aski Legal Services Corporation

Request to Work Overtime

Employee: Vernon Morris

Date: December 4, 2015

As per the personnel policy Section 22, e:

Overtime and Lieu Time

e) The employer may gra employee and the employee (3) days in advance on the	oyer provided that	it is requested, in writing	
Date requesting to work overtime	e: Dec. 4 & 5	<u>Hours:</u> 12	
Reason for request: Wapekeka happened within a week and a ha			d to
Manager's authorization	Approved	 Denied	

=) Request from client did not have time to complete in cause

Employee Signature



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

REQUEST FOR LEAVE RECORD

Date:	NOV, 30/2015	as follows:
Name of Employee:	Keith MCKAY	1 copy – Employee 1 copy – Finance/HR
Position:	CYIW.	1 copy - Supervisor
Supervisor:	HERNON MOUNTS	
Form required 3 days	s in advance for V, M, D, C, J, W	
Number of Hours:	(14)	
Number of Days:	(2) DAGS	
From (ddmmyy):	03/12/2015	
To (ddmmyy):	04/12/2015	
* F.F. 150	certificate provided Y or N?	
Type of Leave		
Please checkmark one.		
Bereavement (B)	If J, B, C – Reason given:	
Compassionate (C) Trequisting (2) Two Adam VACATION ON DEC, 03,0	itional
Lieu Time (L)	1/20/4/3/19	14/2015.
Court (J)	VACATION OF DEC, 0516	7/0
Marriage (W) Sick (S)		,
Management (M)		
Vacation (V)		
If Leave is Without Pay	y (Check Here)	
Employee's Signature	Lith MCKAS Supervisor's Signature	NO
Date V	00,30/2015 Date Dec	01/15
Executive Director App		2

Updated: November 18, 2015



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION BENEFIT CARRY-OVER REQUEST

Date:	March 25, 2010
Name of Employee:	Vernon Morris
Position:	B.J.W
Supervisor:	Devek Lyon's
Program:	Restorative Justico.

Please provide copies as follows:

1 copy - Employee

1 copy - Finance/HR

1 copy - Supervisor

١	ΙΑ	CAT	ION	CF	REDI	TS

(Maximum 5 days)*

Carry-over balance: No. of days requested: <u>5</u>

SICK LEAVE CREDITS (Maximum 7 days)

Carry-over balance: No. of days requested:

Signature (if required)

55 hrs.

REASON FOR CARRY-OVER AND DATE TO BE TAKEN

As per. policy manual.

Employee's Signature

Supervisor's Signature

Executive Director

ale.

Warch 25, 20

Date:

Date:

1

*If excess days are requested, Executive Director approval is required.



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

REQUEST FOR LEAVE RECORD

Date:	Ciches 8/15	Please provide copies as follows:		
Name of Employee:	Vennen Morris	1 copy – Employee		
Position:	RJM- West.	1 copy – Finance/HR 1 copy - Supervisor		
Supervisor:	Celence Reithereyes			
Form required 3 days i	n advance for Vacation, Sick (Medical), Management, Lieu Time and C	Other.		
Number of Hours:	Date:			
Number of Days: \ _	October 5, 2015			
From (ddmmyy):	October 16,2015			
To (ddmmyy):	10 days			
If sick leave – medical co	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)	Broken ankle-willy De	NOTE		
Management (M)				
Vacation (V) Other				
If Leave is Without Pay (Check Here)				
Employee's Supervisor's Signature Signature				
Date	2	8/15		
Executive Director Appro				

Shirley Keesic

From:

Shirley Keesic <skeesic@nanlegal.on.ca>

Sent: January-23-15 12:36 PM

To: Vernon Morris

Cc: Chantelle Johnson; Kristen Rasevych (krasevych@nanlegal.on.ca)

Subject: My Sick leave sheets attached for Jan. 13 to 23 2015 inclusive

Attachments: SKEESIC Sick days Jan 16, 19, 2015.doc; SKEESIC Sick days Jan 20, 21, 22, 23, 2015.doc;

SKEESIC Sick day Jan 26, 2015.doc; SKEESIC Vacation days Jan 27, 28, 29, 30, 2015.doc

Hi Vernon: Attached are the sick leave sheets I promised to send in. I will mail the original doctor's notes to Kristen which covers Jan. 13 inclusive to Feb. 2, 2015.

Just so you know, I will need to use 4 vacation days for Jan.27-30, 2015 since I will have depleted all my sick days, anyways attaching vacation days for this as well.

Just to let you know you had already approved Jan. 13, 14, 15th already. Just require your approval for the attached....

Talk to you's at 1:00 pm.... Kind meegwetch,

Shirley Keesic

"Maa-mii-nah-chi-ke-win" (Setting things right) Restorative Justice Worker PO Box 114, 10 Mine Road Balmertown, ON POV 1CO

Toll-free: 1-888-662-6601 Direct: 1-807-735-2709

Confidential Fax: 1-807-735-2727 Email: skeesic@nanlegal.on.ca SICK DAYS TAKEN Jan. 13, 14, 15/2015

PPD#2

3 SICK DAYS

SICK DAYS TAKEN

JAN. 20, 21, 22, 23, 2015 A

4 SICK DAYS

SICKDAY JAN. 26,2015 PPD#3

(1 SICK DAY

SICK DAYS TAKEN

Jan. 16, 19,2015

PPD#2

2 SICK DAYS

PLUS covers for

VAC. DAYS (4)

Jan. 27, 28, 29, 30/15

PPD#3.

SCANNED

Red Lake Medical Associates Box 311, Red Lake, ON POV 2M0

Phone 807-727-2617 or 727-2751 Fax 807-727-3122

rlma@redlakehospital.ca

D. Zielke M. Bartucci A. Gloster L. Habermehl I. Molnar P. Orth R. Parker M. Polle

Jan 21, 2015

whom it may concern

To whom it may concern

807-735-2628 (H) 807-735-2709 (B) Re: Shirley Keesick Jun 19, 1957 Age: 57

Shirley was seen on January 21 2015, she will be off work for medical reasons from January 20 2015- February 2 2015.

Yours truly,

Peter Orth, M.D., Provider# 028265, CPSO# 93637

THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE

980 OLIVER ROAD THUNDER BAY, ONTARIO P7B 6V4



December 11, 2014

SHIRLEY KEESICK BOX 114 105 DETTA RD BALMERTOWN, ON POV 1C0



Dear SHIRLEY KEESICK:

An MRI Appointment has been made for you on:

Wednesday January 14, 2015 at 1845 (6:45pm)



PLEASE CONFIRM THIS APPOINTMENT AS SOON AS YOU RECEIVE THIS NOTIFICATION by calling 807-684-6384 (Monday to Friday between 9:00am and 5:00pm).

IF THIS APPOINTMENT IS NOT CONFIRMED IT WILL AUTOMATICALLY BE CANCELLED 5 DAYS PRIOR TO YOUR SCHEDULED APPOINTMENT DATE.

FOR OTHER INQUIRIES OR TO RESCHEDULE YOUR APPOINTMENT, CALL (807) 684-6321.

This MRI has been ordered by Doctor DAVID V HOFFMAN MD, for your MRI CERVICAL SPINE

Please review the enclosed Patient Information Sheet. It contains important MRI safety information and will help you prepare for your appointment.

On the date of your test, please report to the Diagnostic Imaging Department on Level 2.

PLEASE ARRIVE 30 MINS PRIOR TO YOUR SCHEDULED APPOINTMENT TIME.

We look forward to seeing you soon.

Red Lake Medical Associates Box 311, Red Lake, ON POV 2M0 Phone 807-727-2617 or 727-2751 Fax 807-727-3122

rlma@redlakehospital.ca

M. Bartucci A. Gloster L. Habermehl I. Molnar R. Parker M. Polle D. Zielke

Jan 16, 2015

whom it may concern

to whom it may concern

807-735-2628 (H) 807-735-2709 (B) Re: Shirley Keesick Jun 19, 1957 Age: 57

Shirley was seen on January 16 2015. She is unable to work for medical reasons from January 16-January 19 2015 inclusive.

Yours truly,

Dr. Andrew Gloster, , Provider #025316, CPSO #88746