



**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION**  
**REQUEST FOR LEAVE RECORD**

Please provide copies as follows:

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

Date: March 5/18

Name of Employee: Vernon Morris

Position: RJM NAN West

Supervisor: Derek Stephen

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

Number of Hours: 28 Date: March 5/18

Number of Days: 4

From (ddmmy): March 6/18

To (ddmmy): March 9/18

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

<b>Type of Leave</b>	
Please checkmark one.	
<input type="checkbox"/> Bereavement (B)	If J, B, C, L, M – Reason given:  Balance of lieu time to date is 53.30 hours. Requesting 28 hours for this week in lieu.  Balance of lieu after this week will be 25.30 hours of lieu time which I will use once I've determined my work schedule for this month.
<input type="checkbox"/> Compassionate (C)	
<input checked="" 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)	

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

Employee's Signature Vernon Morris

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

Date March 5, 2018

Date \_\_\_\_\_

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

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

## HR NAN Legal

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**From:** Derek Stephen <dstephen@nanlegal.on.ca>  
**Sent:** Monday, March 05, 2018 12:02 PM  
**To:** 'Jeff Robert'  
**Cc:** 'Vernon Morris'  
**Subject:** 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](mailto:hr@nanlegal.on.ca)>; Johnson, Chantelle <[cjohnson@nanlegal.on.ca](mailto: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



**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION**  
**REQUEST FOR LEAVE RECORD**

Date: March 14, 2018

Name of Employee: Vernon Morris

Position: RJM NAN West

Supervisor: Derek Stephen

Please provide copies as follows:

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

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

Number of Hours: 14 Date: March 14, 2018

Number of Days: 2

From (ddmmyy): March 12/18

To (ddmmyy): March 13/18

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

**Type of Leave**

Please checkmark one.

<input checked="" type="checkbox"/>	Bereavement (B)	If J, B, C, L, M – Reason given:  Family member passed away. Attended to family matters for two days.  I spoke to Derek prior to taking the days off from work and he approved my request verbally. I apologize for submitting this form after the fact. Meegwetch
<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)	

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

Employee's Signature Vernon Morris

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

Date March 14/18

Date \_\_\_\_\_

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

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

 Updated: October 2, 2013



# NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

## REQUEST FOR LEAVE RECORD

Date: February 15, 2018

Name of Employee: Vernon Morris

Position: RJM NAN West

Supervisor: Derek Stephen

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 February 23/18 Time 8:30 am

### Return To Work

Date February 26/18 Time 9:00 am in Thunder Bay – Travelling to Timmins for the band by-law conference.

Number of Days 1 Number of Hours 7

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

<u>Type of Leave</u>	
Please checkmark one.	
<input type="checkbox"/>	Bereavement (B)
<input checked="" type="checkbox"/>	Lieu Time (L)
<input type="checkbox"/>	Sick (S)
<input type="checkbox"/>	Management (M)
<input type="checkbox"/>	Vacation (V)
<b>If B, L, S, M, &amp; Other – Reason given:</b>	
Using lieu time.	

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

Employee's Signature Vernon Morris

Date February 15, 2018

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

Date \_\_\_\_\_

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



**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION**  
**REQUEST FOR LEAVE RECORD**

Date: February 15, 2018  
Name of Employee: Vernon Morris  
Position: RJM NAN West  
Supervisor: Derek Stephen

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 February 23/18 Time 8:30 am

**Return To Work**

Date February 26/18 Time 9:00 am in Thunder Bay – Travelling to Timmins for the band by-law conference.

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)
- Lieu Time (L)
- Sick (S)
- Management (M)
- Vacation (V)

**If B, L, S, M, & Other – Reason given:**

Using lieu time.

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

Employee's Signature Vernon Morris

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

Date February 15, 2018

Date \_\_\_\_\_

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

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



# NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

## REQUEST FOR LEAVE RECORD

Date: February 15, 2018

Name of Employee: Vernon Morris

Position: RJM NAN West

Supervisor: Derek Stephen

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 Friday, February 16/18 Time 8:30 am

### Return To Work

Date Tuesday, February 20/18 Time 9:00 am in Thunder Bay & Monday, February 19/18 is a holiday.

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)
- Lieu Time (L)
- Sick (S)
- Management (M)
- Vacation (V)

### If B, L, S, M, & Other – Reason given:

Derek: I have a number of lieu time hours earned that I need to use.

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

Employee's Signature Vernon Morris Supervisor's Signature \_\_\_\_\_

Date February 15, 2018 Date \_\_\_\_\_

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



# NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

## REQUEST FOR LEAVE RECORD

Date: February 15, 2018

Name of Employee: Vernon Morris

Position: RJM NAN West

Supervisor: Derek Stephen

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 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 – medical certificate provided Y or N? NO

### 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:**

A very bad cold

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

Employee's Signature Vernon Morris

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

Date February 15, 2018

Date \_\_\_\_\_

Executive Director Approval  
 (Required for M, B Leave)

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



# NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

## REQUEST FOR LEAVE RECORD

Date: February 15, 2018

Name of Employee: Vernon Morris

Position: RJM NAN West

Supervisor: Derek Stephen

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 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 – medical certificate provided Y or N? NO

### 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:**

A very bad cold

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

Employee's Signature Vernon Morris

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

Date February 15, 2018

Date \_\_\_\_\_

Executive Director Approval  
 (Required for M, B Leave)

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

Updated 16/02/2018





**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION**  
**REQUEST FOR LEAVE RECORD**

Date: January 25, 2018  
Name of Employee: Vernon Morris  
Position: RJM NAN West  
Supervisor: Derek Stephen

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

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

Number of Hours: 8 Date: January 25, 2018

Number of Days: 8 Hours total

From (ddmmyy): January 23/18

To (ddmmyy): January 26/18

If sick leave – medical certificate provided Y or N? No

**Type of Leave**

Please checkmark one.

- Bereavement (B)
- Compassionate (C)
- Lieu Time (L)
- Court (J)
- Marriage (W)
- Sick (S)
- Management (M)
- Vacation (V)

If J, B, C, L, M – Reason given:

I have been going to medical appointments this week for a leg infection that I have. I am requesting 2 hours each day for the week of January 23 – 26/18.

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

Employee's Signature Vernon Morris

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

Date January 25/18

Date \_\_\_\_\_

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

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

## HR NAN Legal

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**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 - Janaury 25, 2018.doc

Approved

Derek

Sent from my Samsung Galaxy smartphone.

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

**From:** Vernon Morris <[vernonmmorris@nanlegal.on.ca](mailto:vernonmmorris@nanlegal.on.ca)>  
**Date:** 2018-01-25 2:41 PM (GMT-05:00)  
**To:** [dstephen@nanlegal.on.ca](mailto:dstephen@nanlegal.on.ca)  
**Cc:** Jeff Robert <[hr@nanlegal.on.ca](mailto: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.



**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION**  
**REQUEST FOR LEAVE RECORD**

Date: January 29, 2018  
Name of Employee: Vernon Morris  
Position: RJM NAN West  
Supervisor: Derek Stephen

Please provide copies as follows:

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

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

Number of Hours: 7 Date: January 29, 2018

Number of Days: 1

From (ddmmyy): January 29, 2018

To (ddmmyy): January 30, 2018

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 – Reason given:  Sick – down with a cold.
<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)	

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


Employee's Signature Vernon Morris

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

Date January 29, 2018

Date \_\_\_\_\_

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

 Updated: October 2, 2013

## HR NAN Legal

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**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](mailto:vernonmmorris@nanlegal.on.ca)>  
**Date:** 2018-01-29 10:35 AM (GMT-05:00)  
**To:** [dstephen@nanlegal.on.ca](mailto:dstephen@nanlegal.on.ca)  
**Cc:** "Robert, Jeff" <[jrobert@nanlegal.on.ca](mailto:jrobert@nanlegal.on.ca)>, "Johnson, Chantelle" <[cjohnson@nanlegal.on.ca](mailto:cjohnson@nanlegal.on.ca)>  
**Subject:** Request for leave form - sick day

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



**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION**  
**REQUEST FOR LEAVE RECORD**

Date: December 18, 2017

Name of Employee: Vernon Morris

Position: RJM NAN West

Supervisor: Derek Stephan

Please provide copies as follows:

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

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

Number of Hours: 21 Date: December 18, 2017

Number of Days: 3

From (ddmmyy): December 20/17

To (ddmmyy): December 22/17

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

<b>Type of Leave</b>	
Please checkmark one.	
<input type="checkbox"/> Bereavement (B)	If J, B, C, L, M – Reason given:  Derek: My wife is having eye surgery in WPG and so I need time off to be with her.
<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)	

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

Employee's Signature Vernon Morris

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

Date December 18, 2017

Date \_\_\_\_\_

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

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

Updated: October 2, 2013

## HR NAN Legal

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**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](mailto:vernonmmorris@nanlegal.on.ca)>  
**Date:** 2017-12-18 1:11 PM (GMT-05:00)  
**To:** [dstephen@nanlegal.on.ca](mailto:dstephen@nanlegal.on.ca)  
**Cc:** "Robert, Jeff" <[jrobert@nanlegal.on.ca](mailto: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



# NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

## REQUEST FOR LEAVE RECORD

Date: November 21, 2017

Name of Employee: Vernon Morris

Position: RJM NAN West

Supervisor: Derek Stephen

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 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 - *only 14h of lieu left*

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

*Entered  
TELE added  
RS*

### 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:

Use lieu time.

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

Employee's Signature Vernon Morris

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

Date November 21, 2017

Date \_\_\_\_\_

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

Date: J

## HR NAN Legal

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**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

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**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](mailto:dstephen@nanlegal.on.ca)  
**Cc:** Robert, Jeff <[jrobert@nanlegal.on.ca](mailto:jrobert@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.



# NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

## REQUEST FOR LEAVE RECORD

Date: November 21, 2017

Name of Employee: Vernon Morris

Position: RJM NAN West

Supervisor: Derek Stephen

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 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 – 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:

Use lieu time.

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

Employee's Signature Vernon Morris

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

Date November 21, 2017

Date \_\_\_\_\_

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

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



# NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

## REQUEST FOR LEAVE RECORD

Date: Nov 3/17  
 Name of Employee: Vernon Morris  
 Position: RSM NAW West  
 Supervisor: Derek

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: Nov 3/17 Time: 1:00 pm

### Return To Work

Date: Nov. 6/17 Time: 8:30 am.

Number of Days: 3 Number of Hours: 4.

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:

use lieu time

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

Employee's Signature: [Signature]

Date: Nov. 3/17

Supervisor's Signature: [Signature]

Date: Nov 3/17

Executive Director Approval  
(Required for M, B Leave)

\_\_\_\_\_  
Date

[Signature]



# NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

## REQUEST FOR LEAVE RECORD

Date: November 3 117

Name of Employee: Vernon Morris

Position: RTM NAW West

Supervisor: Derek Stephen

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 Oct. 30 117 Time 8:30 am

### Return To Work

Date Oct. 31 117 Time 8:30 am

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)
- Lieu Time (L)
- Sick (S)
- Management (M)
- Vacation (V)

If B, L, S, M, & Other – Reason given:

12 lieu time

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

Employee's Signature Vernon Morris

Date Nov 3 117

Supervisor's Signature [Signature]

Date Nov 3 117

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

[Signature]



# NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

## REQUEST FOR LEAVE RECORD

Date: August 23, 2017

Name of Employee: Vernon Morris

Position: RJM NAN West

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

Please provide copies as follows:

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

**Form required 3 days in advance for V, M, D, 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 – medical certificate provided Y or N? \_\_\_\_\_

<b><u>Type of Leave</u></b>	
Please checkmark one.	
<input type="checkbox"/> Bereavement (B)	If J, B, C, L, M – Reason given:  Family matters at the hospital
<input type="checkbox"/> Compassionate (C)	
<input checked="" 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)	

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

Employee's Signature Vernon Morris

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

Date August 23, 2017

Date \_\_\_\_\_

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

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

Updated: October 2, 2013



**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION**  
**REQUEST FOR LEAVE RECORD**

Please provide copies as follows:

Date: October 16/17  
 Name of Employee: Vernon Morris  
 Position: RJM NAN WEst  
 Supervisor: Derek Stephan

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: 14 Date: October 16/17

Number of Days: 2

From (ddmmy): October 16 & October 20/17

To (ddmmy): \_\_\_\_\_

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:  Taking days off for rest & self care.
<input type="checkbox"/>	Compassionate (C)	
<input checked="" 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 Vernon Morris

Supervisor's Signature 

Date October 16/17

Date 10/16/17

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

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

*MM*



**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION**  
**REQUEST FOR LEAVE RECORD**

Date: November 1, 2017

Name of Employee: Vernon Morris

Position: RJM NAN West

Supervisor: Derek Stephen

Please provide copies as follows:

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

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

Number of Hours: 7 Date: November 17/17

Number of Days: 1

From (ddmmyy): November 17/17

To (ddmmyy): November 17/17

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)

If J, B, C, L, M – Reason given:

Requesting a day off. Family event planned.

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

Employee's Signature Vernon Morris

Supervisor's Signature 

Date November 1/17

Date Nov 1/17

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

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



Nishnawbe-Aski Legal Services Corporation  
Request to Work Overtime

Employee: *Vernon Morris*

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 Sioux Lookout to Thunder Bay.  
Attend R-J. + Band By-Law meetings.*

*V. Morris*  
Employee Signature

Manager's authorization



Approved



Denied

*[Signature]*  
Manager Signature

Created August 20, 2013

*[Signature]*





# NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

## REQUEST FOR LEAVE RECORD

Date: September 26, 2017

Name of Employee: Vernon Morris

Position: RJM NAN West

Supervisor: Derek Stephen

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 September 25/17 Time 8:30 am

### Return To Work

Date September 26, 2017 Time 8:30 am

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)
- Lieu Time (L)
- Sick (S)
- Management (M)
- Vacation (V)

### If B, L, S, M, & Other – Reason given:

Derek: I apologize for sending this form to you after the fact. I needed Monday September 25, 2017 as day off and an all staff email was sent out accordingly at that time. Meegwetch

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

Employee's Signature Vernon Morris

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

Date September 26, 2017

Date \_\_\_\_\_

Executive Director Approval  
(Required for M, B Leave)

Date: Sept 26/17



**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION**  
**REQUEST FOR LEAVE RECORD**

Date: August 31, 2017

Name of Employee: Vernon Morris

Position: RJM NAN West

Supervisor: Mary Bird

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 September 18/17 Time 8:30 am

**Return To Work**

Date September 25/17 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 one.

- Bereavement (B)
- Lieu Time (L)
- Sick (S)
- Management (M)
- Vacation (V)

**If B, L, S, M, & Other – Reason given:**

Taking vacation days

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

Employee's Signature Vernon Morris  
 Date August 31, 2017

Supervisor's Signature   
 Date 31 August 2017

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

*ML*



**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION**  
**REQUEST FOR LEAVE RECORD**

Date: August 23, 2017  
 Name of Employee: Vernon Morris  
 Position: RJM NAN West  
 Supervisor: \_\_\_\_\_

Please provide copies as follows:

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

**Form required 3 days in advance for V, M, D, 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 – medical certificate provided Y or N? \_\_\_\_\_

<b>Type of Leave</b>	
Please checkmark one.	
<input type="checkbox"/>	Bereavement (B)
<input type="checkbox"/>	Compassionate (C)
<input checked="" 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)
If J, B, C, L, M – Reason given: Family matters at the hospital	

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

Employee's Signature Vernon Morris

Supervisor's Signature [Signature]

Date August 23, 2017

Date 23 August 2017

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

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

[Signature]



**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION**  
**REQUEST FOR LEAVE RECORD**

Date: August 22, 2017  
 Name of Employee: Vernon Morris  
 Position: RJM NAN West  
 Supervisor: Mary Bird

Please provide copies as follows:

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

**Form required 3 days 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 – medical certificate provided Y or N? \_\_\_\_\_

**Type of Leave**

Please checkmark one.

<input type="checkbox"/>	Bereavement (B)	If J, B, C, L, M – Reason given:  Escorting my wife to a medical appointment in WPG.
<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)	

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

Employee's Signature Vernon Morris

Supervisor's Signature Mary Bird

Date \_\_\_\_\_

Date 22 August 2017

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

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

*MH*



**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION**  
**REQUEST FOR LEAVE RECORD**

Please provide copies as follows:

Date: August 24, 2017  
 Name of Employee: Vernon Morris  
 Position: RJM NAN West  
 Supervisor: Mary Bird

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

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

Number of Hours: 3.5 Date: August 24, 2017

Number of Days: 0

From (ddmmy): August 25, 2017

To (ddmmy): August 25, 2017

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 – Reason given:  Requesting to take Friday afternoon off to take grand children to the Dryden Fair.
<input type="checkbox"/>	Compassionate (C)	
<input checked="" 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)	

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

Employee's Signature Vernon Morris

Supervisor's Signature *Mary Bird*

Date August 24, 2017

Date 25 August 2017

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

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



# NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

## REQUEST FOR LEAVE RECORD

Date: August 24, 2017  
Name of Employee: Vernon Morris  
Position: RJM NAN West  
Supervisor: Mary Bird

Please provide copies as follows:

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

**Form required 3 days 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 – 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)

If J, B, C, L, M – Reason given:

Requesting to take Friday afternoon off to take grand children to the Dryden Fair.

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

Employee's Signature Vernon Morris

Supervisor's Signature *Mary Bird*

Date August 24, 2017

Date 25 August + 2015

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

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

*MA*



# NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

## REQUEST FOR LEAVE RECORD

Date: May 30/17  
 Name of Employee: Vernon Morris  
 Position: RJM NAN West  
 Supervisor: Celina Reitterger

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: 7 Date: May 29/17  
 Number of Days: 1  
 From (ddmmy): May 29/17  
 To (ddmmy): May 29/17

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)
- Other

If B, L, S, M, & Other – Reason given:

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

Employee's Signature Vernon Morris

Supervisor's Signature Celina Reitterger

Date May 30/17

Date May 30/17

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

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



# NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

## REQUEST FOR LEAVE RECORD

Date: May 10, 2017  
 Name of Employee: Vernon Morris  
 Position: RJM NAN West  
 Supervisor: Celina Reitberger

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 May 10, 2017 Time 1:00 pm

### Return To Work

Date May 11, 2017 Time 9:00 am

Number of Days 0 Number of Hours 4 hrs

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:

General.

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

Employee's Signature Vernon Morris

Supervisor's Signature C. Reitberger

Date May 10, 2017

Date May 10/17

Executive Director Approval  
(Required for M, B Leave)

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





**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION**  
**REQUEST FOR LEAVE RECORD**

Date: May 5/17  
 Name of Employee: Vernon Morris  
 Position: RJ Manager NAN West  
 Supervisor: Acting ED Mary Bird

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: 14 Date: May 5/16

Number of Days: 2

From (ddmmyy): May 25/17

To (ddmmyy): May 26/17

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:  I have an appointment in Thunder Bay.  My current balance of lieu time will cover the 14 hours that I am requesting.
<input type="checkbox"/>	Compassionate (C)	
<input checked="" 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 Vernon Morris

Supervisor's Signature *Mary Bird*

Date May 5/17

Date 8 May 2017

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

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

*Called on Lieu  
Email Vernon May 15/17*



**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION**

**REQUEST FOR LEAVE RECORD**

Date: May 8, 2017  
Name of Employee: Vernon Morris  
Position: RJM NAN West  
Supervisor: Celina Reitberger/ Mary Bird

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 June 2/17 Time 8:30 am

**Return To Work**

Date June 5/17 Time 8:30 am

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)
- Lieu Time (L)
- Sick (S)
- Management (M)
- Vacation (V)

**If B, L, S, M, & Other – Reason given:**  
 Requesting Lieu time of 7 hours. Family event planned.

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

Employee's Signature Vernon Morris  
Date May 8, 2017

Supervisor's Signature *[Signature]*  
Date 8 May 2017

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



# NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

## REQUEST FOR LEAVE RECORD

Date: December 13, 2016  
 Name of Employee: Vernon Morris  
 Position: RJM NAN West.  
 Supervisor: Celina Reitberger

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 December 16, 2016 Time 8:30 am.

### Return To Work

Date December 20, 2016 Time 8:30 am.

Number of Days 2 Number of Hours 14 hours.

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

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

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

Employee's Signature Vernon Morris  
 Date December 13, 2016

Supervisor's Signature Celina Reitberger  
 Date Dec 13/16

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





### NISHNAWBE-ASKI LEGAL SERVICES CORPORATION BENEFIT CARRY-OVER REQUEST

Date:	April 4, 2017
Name of Employee:	Vernon Morris
Position:	
Supervisor:	Calina Reitberger
Program:	

Please provide copies as follows:

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

#### VACATION CREDITS (Require if great than 5 days)

Carry-over balance: \_\_\_\_\_  
 No. of days requested: \_\_\_\_\_

#### LIEU LEAVE CREDITS

No. of hours requested:     .10    

**REASON FOR CARRY-OVER AND DATE TO BE TAKEN**  
**As per Softwork March 31, 2017**

Employee's Signature *Vernon Morris* Date: Apr. 7/17  
 Supervisor's Signature *Calina Reitberger* Date: 4/7/17  
 Executive Director Signature (if required) \_\_\_\_\_ Date: \_\_\_\_\_

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



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.*

*Vernon Morris*

Employee Signature

### Manager's authorization



Approved



Denied

*Celina Leitberger*

Manager Signature



Sioux Lookout, Man. V. H.S. Health S.

SI00014621 SA077001/15

MORRIS, VERNON MCALISTAIR

15-04-1959 57 H 007-738-3109

IC# 9775955431-WV

74 MUSKRAT DA

FOR BOX 965  
SIOUX LOOKOUT, GN, P8T 1B2

ADDRESS \_\_\_\_\_

R<sub>x</sub>

DATE

13/1 20 17

*off work for  
medical  
reasons*

*Back on*

*16/1/17*

*Quiles*

*(11/17)*

REPEAT \_\_\_\_\_ TIMES

\_\_\_\_\_ DAYS APART

DO NOT REPEAT

MD

MacPRINT MYW-041102







**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION**  
**BENEFIT CARRY-OVER REQUEST**

Date:	<b>April 4, 2017</b>
Name of Employee:	<b>Vernon Morris</b>
Position:	
Supervisor:	<b>Celina Reitberger</b>
Program:	

Please provide copies as follows:

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

**VACATION CREDITS**

(Require if great than 5 days)

Carry-over balance: \_\_\_\_\_  
 No. of days requested: \_\_\_\_\_

**LIEU LEAVE CREDITS**

No. of hours requested:       .10      

**REASON FOR CARRY-OVER AND DATE TO BE TAKEN**  
**As per Softwork March 31, 2017**

Employee's Signature \_\_\_\_\_

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

Supervisor's Signature *Celina Reitberger*

Date: 4/7/17

Executive Director  
 Signature (if required) \_\_\_\_\_

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

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



DO NOT REPEAT \_\_\_\_\_  
 DAYS APART \_\_\_\_\_  
 REPEAT \_\_\_\_\_ TIMES \_\_\_\_\_

MCPHNTMYW-01102  
 MD \_\_\_\_\_

*off work for  
 medical reasons  
 Please on  
 16/1/17  
 Quis  
 (1/1/17)*

R<sub>x</sub> \_\_\_\_\_  
 DATE 3/1/17

ADDRESS \_\_\_\_\_  
 FOR SIDON LOOKOUT, OIL, PRT 1B2  
 BOX 965  
 NISKOPAT DR  
 JCH 97595431-NV  
 15-04-1959 57  
 11 887-738-3189  
 JORPIS VEENHUI ICHLISIR  
 SL9014621 SR07001/15

State of Vermont - U.S. Health Dept.

SL00014621 SA077001-16

MORRIS, VERNON MCALISTAIR  
15-04-1959 57 II 887-738-3109

PHN 877595E431-WV  
4 MUSKRAT DR

FOR BOX 965  
STONK LOOKOUT, OH, PBT 182

ADDRESS \_\_\_\_\_

R<sub>x</sub>

DATE 13/11/17

*off work for  
medical  
reasons*

*Back on  
16/11/17  
Giles  
GILEY*

REPEAT \_\_\_\_\_ TIMES

\_\_\_\_\_ DAYS APART

DO NOT REPEAT

MD

MedPRINT MYW-041102



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 - 5

November 11/16 - Statutory Holiday.

Reason for request:

Travel from Thunder Bay to Sioux Lookout.

Vernon Morris  
Employee Signature

Manager's authorization



Approved



Denied

Abusewa-Aching  
Manager Signature



**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION**  
**REQUEST FOR LEAVE RECORD**

Date: June 10, 2016

Name of Employee: Vernon Morris

Position: RJ Manager NAN West

Supervisor: Celina Reitberger

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: 3 Date: June10/16

Number of Days: 0

From (ddmmyy): June 10, 2016

To (ddmmyy): June 10, 2016

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

<u>Type of Leave</u>	
Please checkmark one.	
<input type="checkbox"/> Bereavement (B)	If J, B, C, L, M, & Other – Reason given:  A close relative who travelled in to SLKT from Muskrat Dam last night has asked me to drive him to Thunder Bay for an appointment.  Requesting time off in the afternoon.
<input type="checkbox"/> Compassionate (C)	
<input checked="" 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 Vernon Morris

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

Date June 10, 2016

Date \_\_\_\_\_

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

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



**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION  
REQUEST FOR LEAVE RECORD**

Please provide copies as follows:

Date: May 2/16  
 Name of Employee: Vernon Morris  
 Position: RJ Manager NAN West  
 Supervisor: Acting E.D. Mary Bird

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: 1 Date: May 2/16  
 Number of Days: 0  
 From (ddmmyy): May 2/16  
 To (ddmmyy): May 2/16

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:  Support for Muskrat Dam First Nation family.
<input type="checkbox"/>	Compassionate (C)	
<input checked="" 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 Vernon Morris  
 Date May 2/16

Supervisor's Signature *Mary Bird*  
 Date 2 May 2016

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

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





# NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

## REQUEST FOR LEAVE RECORD

Date: May 4/16

Name of Employee: Vernon Morris

Position: RJ Manager NAN West

Supervisor: Acting E.D. Mary Bird

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: 2 Date: May 4/16

Number of Days: 0

From (ddmmyy): May 4/16

To (ddmmyy): May 4/16

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:  Attending a graduation ceremony at the Pelican Falls High School. Grandson is graduating.
<input type="checkbox"/>	Compassionate (C)	
<input checked="" 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 Vernon Morris

Date May 4/16

Supervisor's Signature *Mary Bird*

Date 5 May 2016

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

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



# NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

## REQUEST FOR LEAVE RECORD

Date: May 6/16

Name of Employee: Vernon Morris

Position: RJ Manager NAN West

Supervisor: Acting ED Mary Bird

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: 3 Date: May 6/16

Number of Days: 0

From (ddmmyy): May 6/16

To (ddmmyy): May 6/16

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 J, B, C, L, M, & Other – Reason given:

It's a very nice day and I wanted to take the afternoon off.

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

Employee's Signature Vernon Morris

Date May 6/16

Supervisor's Signature Mary Bird

Date 6 May 2016

Executive Director Approval (Required for M, C, B Leave) \_\_\_\_\_ 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 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 20/16

Hours: 3

Reason for request: Kenora Trip 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  
 Name of Employee: Vernon Morris  
 Position: RJ Manager NAN West.  
 Supervisor: Celina Reitzberg

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: 2.5 Date: April 22/16  
 Number of Days: Ø  
 From (ddmmyy): April 22/16  
 To (ddmmyy): April 22/16

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

<u>Type of Leave</u>	
Please checkmark one.	
<input type="checkbox"/> Bereavement (B)	If B, L, S, M, & Other – Reason given:  <u>Lieu time.</u>
<input checked="" type="checkbox"/> Lieu Time (L)	
<input type="checkbox"/> Sick (S)	
<input type="checkbox"/> Management (M)	
<input type="checkbox"/> Vacation (V)	

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

Employee's Signature: Vernon Morris  
 Date: April 22/16.

Supervisor's Signature: Celina Reitzberg  
 Date: Apr. 22/16

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



Nishnawbe-Aski Legal Services Corporation

# Request to Work Overtime

Employee: *Vernon Morris*

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 Sioux Lookout. (Work)  
Had to travel from Sioux Lookout to Thunder Bay after work  
hours.*

Employee Signature *Vernon Morris*

Manager's authorization



Approved



Denied

Manager Signature *Delna Kertberg*





**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION**  
**REQUEST FOR LEAVE RECORD**

Date: March 3/16

Name of Employee: Vernon Morris

Position: RJ Manager NAN West

Supervisor: Celina Reitberger

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: March 3/16

Number of Days: 1

From (ddmmyy): March 11/16

To (ddmmyy): March 11/16

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 J, B, C, L, M, & Other – Reason given:

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.

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

Employee's Signature Vernon Morris

Date March 3/16

Supervisor's Signature *[Signature]*

Date 3 March 2016

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

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





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 10<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup>, 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.

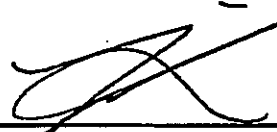
**TRAVEL EXPENSES will be agreed upon, or waived, by counsel, on consent, or, in the  
alternative, if no agreement can be reached between counsel, shall be calculated and paid in  
accordance with Tariff A of the *Federal Court Rules*.**

**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 YOU MAY  
BE FOUND IN CONTEMPT OF COURT.**

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

February 8<sup>th</sup>, 2016



---

MIKE MAHER

**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



# NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

## REQUEST FOR LEAVE RECORD

Date: February 25/16  
Name of Employee: Vernon Morris  
Position: RJ Manager NAN West  
Supervisor: Celina Reitberger

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: 3.5 Date: February 26/16  
Number of Days: 0  
From (ddmmyy): February 26/16  
To (ddmmyy): February 26/16

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

<u>Type of Leave</u>	
Please checkmark one.	
<input type="checkbox"/> Bereavement (B)	If J, B, C, L, M, & Other – Reason given:  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.  Reason for this request is I will be leaving on Friday afternoon for a weekend outing if my request is approved.
<input type="checkbox"/> Compassionate (C)	
<input checked="" 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 Vernon Morris  
Date February 25/16

Supervisor's Signature *[Handwritten Signature]*  
Date 25 Feb 16

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

Date requesting to work overtime:

Dec. 14

Hours: 3.5

Reason for request: Travel from Thunder Bay to Sioux Lookout after attendance at management meeting.

Manager's authorization



Approved



Denied

Madeleine Dubois  
Manager Signature

Dec. 14/15  
Date

Vernon Morris  
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 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:

Dec. 4 & 5

Hours: 12

Reason for request: Wapekeka RJ matters times 6 clients, court was scheduled to happen within a week and a half and matters needed to be processed asap.

Manager's authorization



Approved



Denied

Maureen Sabourin  
Manager Signature

Dec. 14/15  
Date

⇒ Request from client did not have time to complete in advance

V Morris  
Employee Signature



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

REQUEST FOR LEAVE RECORD

Date: NOV, 30/2015  
Name of Employee: Keith McKay  
Position: CYIW  
Supervisor: Vernon 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, D, C, J, W

Number of Hours: (14)  
Number of Days: (2) DAYS  
From (ddmmy): 03/12/2015  
To (ddmmy): 04/12/2015

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)

If J, B, C - Reason given:

Requesting (2) Two Additional VACATION ON DEC, 03, 04/2015.

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

Employee's Signature Keith McKay  
Date NOV, 30/2015

Supervisor's Signature [Signature]  
Date Dec 01/15

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

*Order Book*



# NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

## BENEFIT CARRY-OVER REQUEST

Date:	March 25, 2010
Name of Employee:	Vernon Morris
Position:	R.J. W
Supervisor:	Devek Lyons
Program:	Restorative Justice

Please provide copies as follows:

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

### VACATION CREDITS (Maximum 5 days)\*

Carry-over balance: 5  
 No. of days requested: 5

### SICK LEAVE CREDITS (Maximum 7 days)

Carry-over balance: 55 hrs.  
 No. of days requested: 7.8

### REASON FOR CARRY-OVER AND DATE TO BE TAKEN

As per. policy manual.

Employee's Signature Vernon Morris  
 Supervisor's Signature [Signature]  
 Executive Director  
 Signature (if required) \_\_\_\_\_

Date: March 25, 2010  
 Date: 3/26/2010  
 Date: \_\_\_\_\_

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



# NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

## REQUEST FOR LEAVE RECORD

Date: October 8/15  
Name of Employee: Vernon Morris  
Position: RJM - West  
Supervisor: Celene Reutheger

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

Number of Days: October 5, 2015

From (ddmmy): October 16, 2015

To (ddmmy): 10 days

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)
- Other

If B, L, S, M, & Other - Reason given:

Broken ankle - will get DR NOTE

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

Employee's Signature [Signature]

Date Oct 8/15

Supervisor's Signature [Signature]

Date Oct 8/15

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



**Shirley Keesic**

RECEIVED

JAN 29 2015

**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, 15<sup>th</sup> 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 P0V 1C0*

*Toll-free: 1-888-662-6601*

*Direct: 1-807-735-2709*

*Confidential Fax: 1-807-735-2727*

*Email: [skeesic@nanlegal.on.ca](mailto: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 #1

PPD# 2

4 SICK DAYS

SICK DAY 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 P0V 2M0  
Phone 807-727-2617 or 727-2751 Fax 807-727-3122  
rlma@redlakehospital.ca

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

---

Jan 21, 2015

whom it may concern

To whom it may concern

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

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

*Covers for  
PPD# 2, #3.*  
**RECEIVED**  
JAN 29 2015

3 JAN 2015

THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE  
980 OLIVER ROAD  
THUNDER BAY, ONTARIO  
P7B 6V4

PPD#2

RECEIVED  
JAN 28 2015

December 11, 2014

SHIRLEY KEESICK  
BOX 114 105 DETTA RD  
BALMERTOWN, ON P0V 1C0

Dear **SHIRLEY KEESICK:**

An MRI Appointment has been made for you on:

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

APPOINTMENT CONFIRMATION REQUIRED

*Confirmed  
Dec. 16-2014*

**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 P0V 2M0  
Phone 807-727-2617 or 727-2751 Fax 807-727-3122  
rlma@redlakehospital.ca

PPD#2

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

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Jan 16, 2015

RECEIVED  
JAN 28 2015

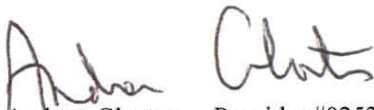
whom it may concern

to whom it may concern

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

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