



MEMORANDUM

To: Vernon Morris

Cc: Derek Lyons, Suzanne Withenshaw

From: Evelyn Baxter

Date: July 27, 2005

Subject: Employment Issue

Further to our discussion of July 26, 2005, this memo will confirm that you informed Derek and me that you are currently running for Chief of Muskrat Dam. The election is set for July 28.

There is a possibility that you may be elected and will have to resign your position as Restorative Justice Worker. In the event that this occurs, you have undertaken to do as much as possible to ensure a smooth transition with respect to updating your current files and to shipping all NALSC property to the Sioux Lookout office at your expense.

You also indicated that if you are elected you will give notice of same in writing immediately.

In the event that you are not elected, you have acknowledged the need to improve your communication with me and your supervisor, and that certain important matters that impact on your ability to perform your duties must be handled in writing and include the Executive Director in the discussions.

Thank you for your anticipated cooperation on the above.

NISHNAWBE-ASKI LEGAL SERVICES ATTENDANCE SUMMARY 2005-2006

Employee:	V MORRIS	Position:	RJW	Supervisor:	D. Lyons
Date of Employment:	July 12, 2004	Last Evaluation:		Last Raise:	

Resigned July 29/05

LEAVE TYPE	LEAVE AVAILABLE AT APRIL 1	.83 APRIL	.83 MAY	.83 JUNE	.83 JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	TOTAL REMAINING LEAVE	CARRYOVER AT MARCH 31
Bereave-ment	REFER TO MANUAL														
Compas-sionate	REFER TO MANUAL														
Compen-satory	35 HRS.														
Overtime															
Court	REFER TO MANUAL														
Marriage	REFER TO MANUAL														
Sick	15 DAYS														
Special	35 HRS.														
Vacation	15 DAYS + 7 Days C-O*					86 82 days				1144.22					

* C-O = Carry-over from previous year

April 1, 2005 – September 30, 2005

April 2005

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2 7hr o/t
3 7hr o/t	4 4.5hr o/t	5	6	7	8 Sp	9
10	11	12	13	14 1 1/2 hr 2 overtime	15	16
17	18 2.5hr o/t	19 1.5hr o/t	20 1.5hr o/t	21	22	23
24	25	26	27	28	29	30

July 2005

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4 5 1/2 hr o/t	5 2 1/2 hr o/t	6 5 1/2 hr o/t	7 1 1/2 hr o/t	8	9
10	11	12	13	14	15	16
17	18	19 4 1/2 hr o/t	20	21	22	23
24 / 31	25	26	27	28	29 resign o/d 5 p.m.	30

May 2005

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2 SP	3	4 3 1/2 hr o/t	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19 3hr o/t	20	21
22	23	24 2hr o/t	25 4hr o/t	26	27	28
29	30	31				

Aug 2005

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June 2005

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2 3hr o/t	3	4
5	6	7	8	9	10	11
12	13 3hr o/t	14	15	16 Sp	17 Sp	18
19	20	21	22	23	24 compensatory day	25
26	27 4hr o/t	28	29	30		

September 2005

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October 1, 2005 – March 31, 2006

October 2005

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23 30	24 31	25	26	27	28	29

January 2006

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November 2005

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

February 2006

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

December 2005

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

March 2006

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
EMPLOYEE BENEFITS

FISCAL YEAR APRIL 1, 2005 TO MARCH 31, 2006

Employee Name: Vernon Morris, Restorative Justice Worker
Date of Hire: July 12, 2004

First Quarter Period April 1, 2005 to June 30, 2005

Vacation

Total Vacation Days available: 15 (to be used by March 31, 2006)

Sick Days

0 day has been taken from the yearly allowance of 15 days

Special Leave

28 hours has been taken from the yearly allowance of 35 hours

Overtime Hours Accumulated

49 hours accumulated

Compensatory Time

7 hrs taken from the yearly allowance at 35 o/t hours worked

The above information is taken from your timesheets. If there is a discrepancy, please contact me as soon as possible.

Please Note: any time you have taken after June 30th is NOT recorded in the above.



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION REQUEST FOR LEAVE/OVERTIME RECORD

Please provide copies as follows:

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

Date:	June 20/05
Name of Employee:	Vernon Morris
Position:	R.T.W.
Supervisor:	Derek R. Lyons

A. LEAVE REQUESTED:

Form required 3 days in advance for V, M, Y, D, C, J.

Number of Hours: 7 Date: June 24/05

Number of Days: 1 From (Day Month Year): June 24 To: June 24

If sick leave - medical certificate provided? Yes No

Type of Leave V = Vacation M = Marriage Y = Compensatory J = Court S = Sick D = Special C = Compassionate B = Bereavement	If D or C Leave - Reason given: <div style="text-align: center;">= Y</div>
--	---

Employee's Signature V Morris

Supervisor's Signature [Signature]

Date June 20/05

Date June 22, 2005

Executive Director Approval (Required for D, C, B Leave) _____

Date: _____

B. OVERTIME RECORD:

Dates (Day Month Year): _____

Number of Hours: _____ Number of Days: _____

Reason:

Employee's Signature _____

Supervisor's Signature _____

Executive Director Signature _____

Date: _____



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION REQUEST FOR LEAVE/OVERTIME RECORD

Date:	June 14, 2005
Name of Employee:	Vernon Morris
Position:	R.J.W.
Supervisor:	Derek - E. Lyons

Please provide copies as follows:

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

A. LEAVE REQUESTED:

Form required 3 days in advance for V, M, Y, D, C, J.

Number of Hours: 14 Date: _____

Number of Days: 2

From (ddmmyy): June 16/05 To: June 17/05

If sick leave - medical certificate provided Y or N? _____

Type of Leave V = Vacation M = Marriage Y = Compensatory J = Court S = Sick D = Special C = Compassionate B = Bereavement	Specify Code: <u>D</u>
	If Special Leave or Compassionate Leave - Reason given: <u>Family issue.</u>

Employee's Signature Vernon Morris

Supervisor's Signature _____

Date June 16/05

Date _____

Executive Director Approval (Required for D, C, B Leave) Eber

Date: June 14/05

B. OVERTIME RECORD:

Dates (Day Month Year)

Reason:

Number of Hours: _____

Number of Days: _____

Employee's Signature _____

Supervisor's Signature _____

Executive Director Signature _____

Date: _____



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

REQUEST FOR LEAVE/OVERTIME RECORD

Date:	APRIL 29/05
Name of Employee:	Vernon Morris
Position:	RTW
Supervisor:	Derek Lyons

Please provide copies as follows:

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

A. LEAVE REQUESTED:

Form required 3 days in advance for V, M, Y, D, C, J.

Number of Hours: _____ Date: _____

Number of Days: 1 From (Day Month Year): _____ To: MAY 2/05

If sick leave - medical certificate provided? Yes No

Type of Leave V = Vacation M = Marriage Y = Compensatory J = Court S = Sick D = Special C = Compassionate B = Bereavement	If D or C Leave - Reason given: I granted him special leave valid reason. Will stop by Monday & sign.
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Employee's Signature [Signature]

Supervisor's Signature [Signature]

Date May 2/05

Date May 2-2005

Executive Director Approval (Required for D, C, B Leave) [Signature]

Date: _____

B. OVERTIME RECORD:

Dates (Day Month Year): _____

Number of Hours: _____ Number of Days: _____

Reason:

Employee's Signature _____

Supervisor's Signature _____

Executive Director Signature _____

Date: _____



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

REQUEST FOR LEAVE/OVERTIME RECORD

Date:	April 05, 2005
Name of Employee:	Vernon Morris
Position:	R.J.W.
Supervisor:	Derek F. Lyons / Celina

Please provide copies as follows:

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

A. LEAVE REQUESTED: Form required 3 days in advance for V, M, Y, D, C, J.

Number of Hours: 7 Date: April 8, 2005
 Number of Days: 1 From (Day Month Year): 8/04/05 To: 8/04/05
 If sick leave - medical certificate provided? Yes No

Type of Leave V = Vacation M = Marriage Y = Compensatory J = Court S = Sick D = Special <input checked="" type="checkbox"/> C = Compassionate B = Bereavement	If D or C Leave - Reason given: <u>Special leave request</u>
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Employee's Signature V Morris
 Date April 05/05

Supervisor's Signature [Signature] for Derek Lyons
 Date April 05/05

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

B. OVERTIME RECORD:

Dates (Day Month Year): _____
 Number of Hours: _____ Number of Days: _____

Reason: _____

Employee's Signature _____ Supervisor's Signature _____
 Executive Director Signature _____ Date: _____

Suzanne

From: Evelyn Baxter [ebaxter@nanlegal.on.ca]
Sent: 25 July 2005 14:41
To: Celina Reitberger ; Derek Lyons ; MJ Robinson; Suzanne Withenshaw
Subject: Vernon

I just spoke to the Muskrat Dam electoral officer. Nominations took place on July 20, 2005. They are a custom band.

Evelyn J. Baxter, B.A., LL.B.
Executive Director

Nishnawbe-Aski Legal Services
86 S. Cumberland Street
Thunder Bay, Ontario P7B 2V3

(807) 622-1413 (o)
(807) 622-3024 (f)
(807) 628-3187 (c)



MEMORANDUM

To: All Staff

Cc: Board Members

From: Evelyn Baxter Robinson, Executive Director

Date: July 13, 2004

Subject: New Restorative Justice Worker

I am pleased to inform you all that Vernon Morris, of Muskrat Dam, is our new Zone 3 Restorative Justice Worker. He will be starting on July 19, 2004, and will be working out of the Sioux Lookout office (the "clubhouse").

Please join me in welcoming Vernon to the NALSC team. I look forward to seeing what Vernon can do to boost our program in the west.

If anyone has any questions, please call/see me or Derek. Meegwetch!

Evelyn

Nishnawbe-Aski Legal Services Corporation

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COPY

FAXED

July 9th, 2004

Mr. Vernon Morris
Box 738
3 Park Street
Sioux Lookout, Ontario
P8T 1B1

Dear Mr. Morris;

RE: OFFER OF EMPLOYMENT

Thank you for your interest in NALSC and for participating in the interview and selection process. After contacting your references, we are pleased to offer you the position of Restorative Justice Worker – Zone 3 (West). This offer, however, will be contingent on your undertaking to provide us with a CPIC report by 5:00 P.M. (EST) Wednesday, July 14th, 2004. If you require an extension to complete this undertaking please contact Derek E. Lyons, Restorative Justice Coordinator, as soon as possible to arrange for an alternate submission date and time.

You shall commence your employment at our satellite NALSC offices (located at 76 Front Street, Sioux Lookout, Ontario) on July 19th, 2004, at 9:00 AM (CST). Your hours of work will be from 9:00 AM to 5:00 PM daily. Your salary will be \$35,000 per year. Please note, for status Indians this income is currently tax exempt. Working out of the Sioux Lookout office, you will be responsible for serving the communities in your zone in the delivery of Restorative Justice. Please be advised, the term of your employment is dependent on the continued funding of the Restorative Justice Program at NALSC and your work performance before and after a probationary period.

Derek E. Lyons is the Program Coordinator, and as such will be your direct supervisor. Pursuant to the policies of NALSC, you will be on probation for a period of 3 months, at which time your performance will be reviewed.

Mailing Address:

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

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

E-mail: info@nanlegal.on.ca

Website:

[Http://www.nanlegal.on.ca](http://www.nanlegal.on.ca)



Head Office:

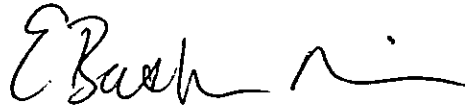
Mattagami First Nation
75 Helen Street
P.O. Box 99
Via Gogama, Ontario
P0M 1W0

For the first week or so of your employment, you will be oriented and trained by the Program Coordinator in Sioux Lookout. We will also get you set up on payroll and benefits.

The overall conditions of your employment are governed by the Policies of NALSC and as they are amended from time to time.

We look forward to working with you and welcome your assistance in the delivery of NALSC Restorative Justice Program. Welcome to the NALSC team!

Sincerely,
NISHNAWBE ASKI LEGAL SERVICES



Evelyn J. Baxter
Executive Director

c.c.

Derek E. Lyons, Restorative Justice Coordinator
Hiring Committee
Personnel File

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Nishnawbe-Aski Legal Services Corporation

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L "PCL P·A·P

Personal and Confidential

April 1, 2004

Vernon Morris
c/o Legal Aid Ontario – Sioux Lookout
P.O. Box 187
Sioux Lookout, ON P8T 1A3

Mailing Address:

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

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

E-mail: info@nanlegal.on.ca
Website:
[Http://www.nanlegal.on.ca](http://www.nanlegal.on.ca)



Head Office:

Mattigami First Nation
75 Helen Street
P.O. Box 99
Via Gogama, Ontario
P0M 1W0

Dear Vernon:

RE: Employment with NALSC

This letter is to confirm your employment and the current status of your personnel file with NALSC. Your current job description is attached hereto and will be placed in your file.

You were hired on July 14, 2004, and are currently a Restorative Justice Worker under the Restorative Justice Program. Your current salary is \$34,500.00 per year.

You are entitled to paid vacation days in the amount of 2 weeks per year.

According to your personnel file, you have not yet been evaluated. Once the new evaluation forms are finalized, you will be evaluated as soon as possible for your probationary period.

We trust that this is satisfactory.

Sincerely,

Evelyn J. Baxter
Executive Director

Encl.

c.c. Personnel File
Derek Lyons, Restorative Justice Coordinator



NISHNAWBE-ASKI LEGAL SERVICES
RESTORATIVE JUSTICE WORKER
JOB DESCRIPTION

DESCRIPTION:

Under the Restorative Justice Initiative, a pilot project jointly funded by Legal Aid Ontario and the Department of Justice, the Restorative Justice Workers will be responsible for delivering and reporting on the implementation and progress of the initiative in the target communities funded under the project.

DUTIES & RESPONSIBILITIES:

- Complete training in facilitation of Community Accountability Conferencing (CAC).
- Visit the communities to determine their level of progress in CAC and hold community meetings to educate and to determine needs and wishes.
- Liaise with court, police, judges, and probation officers to arrange for mechanism to divert charges to CAC.
- Visit each community twice monthly and conduct at least one CAC per visit as resources tolerate.
- Provide resources for Community Justice Circles and back-up those who wish to conduct their own CA Conferences.
- Maintain records of conferences and provide follow-up reports and final reports once agreements are completed.
- Provide database spreadsheet information on a monthly basis.
- Obtain qualitative community evaluation of services provided on a monthly basis.
- Attend Courts as they occur to liaise with Crown, Police, Probation Officers, and Justice Committee to arrange conferences,
- Hold community meetings to educate them in diversion and to determine needs and

wishes on a bi-monthly basis,

- Submit monthly database and quantitative evaluation reports.
- Perform other related duties as required in furtherance of the mandate of the Corporation.

ACCOUNTABILITY:

The Restorative Justice Workers are responsible to the Restorative Justice Coordinator for day to day activities and to the Executive Director for overall work performance.

QUALIFICATIONS:

The Restorative Justice Worker should have a post secondary diploma in law, advocacy, paralegal, social work, mental health or related area of study. Experience and knowledge of Aboriginal issues and the current legal system is a must.

SALARY RANGE:

This position pays \$30,000 to \$45,000 per year. This is a full time position. It is not a managerial position.

Updated June, 2004

Nishnawbe-Aski Legal Services
Corporation

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L "RCL R'Δᐅ

October 28th, 2004

Attention: Vernon Morris, Restorative Justice Worker
c/o LAO Sioux Lookout
P.O. Box 187
76 Front Street
Sioux Lookout, Ontario
P8T 1A3

Mailing Address:

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

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

E-mail: info@nanlegal.on.ca
Website:
[Http://www.nanlegal.on.ca](http://www.nanlegal.on.ca)



Head Office:

Mattagami First Nation
75 Helen Street
P.O. Box 99
Via Gogama, Ontario
P0M 1W0

Dear Vernon,

RE: SUMMER BEAVER MEDIATION

Just a note to add to your request for leave next week to attend at the Summer Beaver mediation. First, we think it is very good of you to offer your services for such an important exercise - the Summer Beaver mediation. We are sure that you will do a great job there.

While there, and as we had discussed on the telephone, if you are being paid a stipend or commission for your services your leave will not be a paid leave by NAN Legal. Also, the Executive Director has stated that such leave be a classified as a Vacation leave not a Personal leave. She has also advised that your probation period be extended by one week for this absence.

I hope that you do well in Summer Beaver, as I know you will. Please contact me anytime to review the above or is you have any questions arising from the aforementioned.

Kind Regards,
NISHNAWBE-ASKI LEGAL SERVICES

Derek E. Lyons,
Restorative Justice Coordinator

c.c. - Evelyn J. Baxter, Executive Director
Suzanne Withenshaw, Business Manager



RECORD OF EMPLOYMENT (ROE)

1 SERIAL NO. A 60580177		2 SERIAL NO. OF ROE AMENDED OR REPLACED		3 EMPLOYER'S PAYROLL REFERENCE NO.																																																													
4 EMPLOYER'S NAME AND ADDRESS NISHNAWBE-ASKI LEGAL SERVICES CORPORATION				5 CCRA'S BUSINESS NO. (BN) 13753 0606 R/ 0001																																																													
86 S CUMBERLAND ST THUNDER BAY, ONTARIO P7B 2V3				6 PAY PERIOD TYPE B1-WKLY																																																													
9 EMPLOYEE'S NAME AND ADDRESS VERNON MORRIS GENERAL DELIVERY MUSKRAT DAM, ONTARIO L POV 380				7 POSTAL CODE																																																													
				8 SOCIAL INSURANCE NO. 463 127 746																																																													
13 OCCUPATION RESTORATIVE JUSTICE WORKER				10 FIRST DAY WORKED (OR FIRST DAY WORKED SINCE LAST ROE ISSUED) 12 07 04																																																													
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PAYMENT START DATE <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D</td><td>M</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td> </tr> </table>				D	M	Y				AMOUNT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>\$</td><td></td> </tr> <tr> <td></td><td></td> </tr> </table> <input type="checkbox"/> PER DAY <input type="checkbox"/> PER WEEK		\$																																																					
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20 COMMUNICATION PREFERRED IN <input checked="" type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH		21 TELEPHONE NO. (807)622-1413																																																															
22 I AM AWARE THAT IT IS AN OFFENCE TO MAKE FALSE ENTRIES AND HEREBY CERTIFY THAT ALL STATEMENTS ON THIS FORM ARE TRUE.																																																																	
SIGNATURE OF ISSUER 				NAME OF ISSUER (please print) DEREK LYONS																																																													
				DATE 10 08 05																																																													

INS-2106-12-03E

Date: 10/08/2005
Time: 10:51 AM

NISHNAWBE-ASKI LEGAL SERVICE
BOX 23, SITE 6 R.R.#4
FORT WILLIAM FIRST NATION
THUNDER BAY, ON P7C4Z2

EMPLOYEE CHEQUE HISTORY REPORT (DETAILED)
Pay Periods 01 to 16 in 2005 - Code VERNON

VERNON VERNON MORRIS		S2	Period: 01	Chq Date: 13/01/05	No: 002279
Gross Pay	1346.15	** Net Pay **	1299.26	Regular Hours	.00
Overtime Hours	.00	Regular Pay	1346.15	Overtime Pay	.00
Federal Tax	.00	CPP/QPP	64.87	EI Premiums	26.25
EI Earnings	1346.15	Quebec Tax	.00	QHSF	.00
EI Employer	32.76	Vac Pay Earned	53.85	FAA RgBen	80.77
LIFE RgBen	18.27	FAA RgDed	80.77	EXPENS SpPay	125.00
VERNON VERNON MORRIS		S2	Period: 02	Chq Date: 27/01/05	No: 002301
Gross Pay	1346.15	** Net Pay **	1715.67	Regular Hours	.00
Overtime Hours	.00	Regular Pay	1346.15	Overtime Pay	.00
Federal Tax	.00	CPP/QPP	64.87	EI Premiums	26.25
EI Earnings	1346.15	Quebec Tax	.00	QHSF	.00
EI Employer	32.76	Vac Pay Earned	53.85	FAA RgBen	80.77
LIFE RgBen	18.27	FAA RgDed	80.77	EXPENS SpPay	541.41
VERNON VERNON MORRIS		S2	Period: 03	Chq Date: 10/02/05	No: 002323
Gross Pay	1346.15	** Net Pay **	1966.50	Regular Hours	.00
Overtime Hours	.00	Regular Pay	1346.15	Overtime Pay	.00
Federal Tax	.00	CPP/QPP	64.87	EI Premiums	26.25
EI Earnings	1346.15	Quebec Tax	.00	QHSF	.00
EI Employer	32.76	Vac Pay Earned	53.85	FAA RgBen	80.77
LIFE RgBen	18.27	FAA RgDed	80.77	EXPENS SpPay	792.24
VERNON VERNON MORRIS		S2	Period: 04	Chq Date: 24/02/05	No: 002345
Gross Pay	2346.15	** Net Pay **	2462.26	Regular Hours	.00
Overtime Hours	.00	Regular Pay	2346.15	Overtime Pay	.00
Federal Tax	.00	CPP/QPP	114.37	EI Premiums	45.75
EI Earnings	2346.15	Quebec Tax	.00	QHSF	.00
EI Employer	57.10	Vac Pay Earned	93.85	FAA RgBen	80.77
LIFE RgBen	18.27	FAA RgDed	80.77	EXPENS SpPay	357.00
VERNON VERNON MORRIS		S2	Period: 05	Chq Date: 10/03/05	No: 002366
Gross Pay	1346.15	** Net Pay **	2235.26	Regular Hours	.00
Overtime Hours	.00	Regular Pay	1346.15	Overtime Pay	.00
Federal Tax	.00	CPP/QPP	64.87	EI Premiums	26.25
EI Earnings	1346.15	Quebec Tax	.00	QHSF	.00
EI Employer	32.76	Vac Pay Earned	53.85	FAA RgBen	80.77
LIFE RgBen	18.27	FAA RgDed	80.77	EXPENS SpPay	200.00
TRAVEL SpPay	861.00				
VERNON VERNON MORRIS		S2	Period: 06	Chq Date: 24/03/05	No: 002387

EMPLOYEE CHEQUE HISTORY REPORT (DETAILED)
Pay Periods 01 to 16 in 2005 - Code VERNON

Gross Pay 1346.15 ** Net Pay ** 1174.26 Regular Hours .00
Overtime Hours .00 Regular Pay 1346.15 Overtime Pay .00
Federal Tax .00 CPP/QPP 64.87 EI Premiums 26.25
EI Earnings 1346.15 Quebec Tax .00 QHSF .00
EI Employer 32.76 Vac Pay Earned 53.85 FAA RgBen 80.77
LIFE RgBen 18.27 FAA RgDed 80.77

VERNON VERNON MORRIS S2 Period: 07 Chq Date: 07/04/05 No: 002408

Gross Pay 1346.15 ** Net Pay ** 1174.26 Regular Hours .00
Overtime Hours .00 Regular Pay 1346.15 Overtime Pay .00
Federal Tax .00 CPP/QPP 64.87 EI Premiums 26.25
EI Earnings 1346.15 Quebec Tax .00 QHSF .00
EI Employer 32.76 Vac Pay Earned 53.85 FAA RgBen 80.77
LIFE RgBen 18.27 FAA RgDed 80.77

VERNON VERNON MORRIS S2 Period: 08 Chq Date: 21/04/05 No: 002429

Gross Pay 1346.15 ** Net Pay ** 1224.26 Regular Hours .00
Overtime Hours .00 Regular Pay 1346.15 Overtime Pay .00
Federal Tax .00 CPP/QPP 64.87 EI Premiums 26.25
EI Earnings 1346.15 Quebec Tax .00 QHSF .00
EI Employer 32.76 Vac Pay Earned 53.85 FAA RgBen 80.77
LIFE RgBen 18.27 FAA RgDed 80.77 TRAVEL SpPay 50.00

VERNON VERNON MORRIS S2 Period: 09 Chq Date: 05/05/05 No: 002450

Gross Pay 1346.15 ** Net Pay ** 1174.26 Regular Hours .00
Overtime Hours .00 Regular Pay 1346.15 Overtime Pay .00
Federal Tax .00 CPP/QPP 64.87 EI Premiums 26.25
EI Earnings 1346.15 Quebec Tax .00 QHSF .00
EI Employer 32.76 Vac Pay Earned 53.85 FAA RgBen 80.77
LIFE RgBen 18.27 FAA RgDed 80.77

VERNON VERNON MORRIS S2 Period: 10 Chq Date: 19/05/05 No: 002473

Gross Pay 1346.15 ** Net Pay ** 1174.26 Regular Hours .00
Overtime Hours .00 Regular Pay 1346.15 Overtime Pay .00
Federal Tax .00 CPP/QPP 64.87 EI Premiums 26.25
EI Earnings 1346.15 Quebec Tax .00 QHSF .00
EI Employer 32.76 Vac Pay Earned 53.85 FAA RgBen 80.77
LIFE RgBen 18.27 FAA RgDed 80.77

VERNON VERNON MORRIS S2 Period: 11 Chq Date: 02/06/05 No: 002496

Gross Pay 1346.15 ** Net Pay ** 1299.26 Regular Hours .00
Overtime Hours .00 Regular Pay 1346.15 Overtime Pay .00

Date: 10/08/2005
 Time: 10:51 AM

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 THUNDER BAY, ON P7C4Z2

EMPLOYEE CHEQUE HISTORY REPORT (DETAILED)
 Pay Periods 01 to 16 in 2005 - Code VERNON

Federal Tax	.00	CPP/QPP	64.87	EI Premiums	26.25
EI Earnings	1346.15	Quebec Tax	.00	QHSF	.00
EI Employer	32.76	Vac Pay Earned	53.85	FAA RgBen	80.77
LIFE RgBen	18.27	FAA RgDed	80.77	EXPENS SpPay	125.00

VERNON VERNON MORRIS S2 Period: 12 Chq Date: 16/06/05 No: 002523

Gross Pay	1346.15	** Net Pay **	1174.26	Regular Hours	.00
Overtime Hours	.00	Regular Pay	1346.15	Overtime Pay	.00
Federal Tax	.00	CPP/QPP	64.87	EI Premiums	26.25
EI Earnings	1346.15	Quebec Tax	.00	QHSF	.00
EI Employer	32.76	Vac Pay Earned	53.85	FAA RgBen	80.77
LIFE RgBen	18.27	FAA RgDed	80.77		

VERNON VERNON MORRIS S2 Period: 13 Chq Date: 30/06/05 No: 002550

Gross Pay	1346.15	** Net Pay **	1174.26	Regular Hours	.00
Overtime Hours	.00	Regular Pay	1346.15	Overtime Pay	.00
Federal Tax	.00	CPP/QPP	64.87	EI Premiums	26.25
EI Earnings	1346.15	Quebec Tax	.00	QHSF	.00
EI Employer	32.76	Vac Pay Earned	53.85	FAA RgBen	80.77
LIFE RgBen	18.27	FAA RgDed	80.77		

VERNON VERNON MORRIS S2 Period: 14 Chq Date: 14/07/05 No: 002577

Gross Pay	1346.15	** Net Pay **	1413.26	Regular Hours	.00
Overtime Hours	.00	Regular Pay	1346.15	Overtime Pay	.00
Federal Tax	.00	CPP/QPP	64.87	EI Premiums	26.25
EI Earnings	1346.15	Quebec Tax	.00	QHSF	.00
EI Employer	32.76	Vac Pay Earned	53.85	FAA RgBen	80.77
LIFE RgBen	18.27	FAA RgDed	80.77	EXPENS SpPay	239.00

VERNON VERNON MORRIS S2 Period: 15 Chq Date: 28/07/05 No: 002604

Gross Pay	1346.15	** Net Pay **	1330.26	Regular Hours	.00
Overtime Hours	.00	Regular Pay	1346.15	Overtime Pay	.00
Federal Tax	.00	CPP/QPP	64.87	EI Premiums	26.25
EI Earnings	1346.15	Quebec Tax	.00	QHSF	.00
EI Employer	32.76	Vac Pay Earned	53.85	FAA RgBen	80.77
LIFE RgBen	18.27	FAA RgDed	80.77	EXPENS SpPay	156.00

VERNON VERNON MORRIS S2 Period: 16 Chq Date: 11/08/05 No: 002632

Gross Pay	673.07	** Net Pay **	729.62	Regular Hours	.00
Overtime Hours	.00	Regular Pay	673.07	Overtime Pay	.00
Federal Tax	.00	CPP/QPP	31.56	EI Premiums	13.12
EI Earnings	673.07	Quebec Tax	.00	QHSF	.00

Date: 10/08/2005
Time: 10:51 AM

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THUNDER BAY, ON P7C4Z2

Page no. 5

EMPLOYEE CHEQUE HISTORY REPORT (DETAILED)
Pay Periods 01 to 16 in 2005

EMPLOYEE [VERNON] TOTALS - VERNON MORRIS

Regular Hours	.00	Federal Tax	.00
Overtime Hours	.00	Quebec Tax	.00
	-----	EI Premiums	426.37
	.00	Canada Pension	1054.11
Regular Pay	21865.32	Quebec Pension	.00
Overtime Pay	.00	Regular Deductions	1292.32
Vac Pay to Gross	.00	Special Deductions	.00
Special Earnings	3628.65		-----
	-----		2,772.80
	25,493.97	Total Net	=====
	=====		22,721.17
			=====
Quebec Hosp. Ins.	.00	Regular Benefits	1584.64
Sicktime Taken	0	Vac Days Taken	.00
Sicktime Earned	0	Vac Pay Taken	.00
EI Employer	532.11	Vac Pay Earned	874.67

----- Regular Benefits -----
FAA 1292.32 LIFE 292.32

----- Regular Deductions -----
FAA 1292.32

----- Special Earnings -----
EXPENS 2717.65 TRAVEL 911.00

Date: 10/08/2005
Time: 10:51 AM

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THUNDER BAY, ON P7C4Z2

Page no. 6

EMPLOYEE CHEQUE HISTORY REPORT (DETAILED)
Pay Periods 01 to 16 in 2005

GRAND TOTALS

Regular Hours	.00	Federal Tax	.00
Overtime Hours	.00	Quebec Tax	.00
	-----	EI Premiums	426.37
	.00	Canada Pension	1054.11
Regular Pay	21865.32	Quebec Pension	.00
Overtime Pay	.00	Regular Deductions	1292.32
Vac Pay to Gross	.00	Special Deductions	.00
Special Earnings	3628.65		-----
	-----		2,772.80
	25,493.97	Total Net	===== 22,721.17 =====
	=====		
Quebec Hosp. Ins.	.00	Regular Benefits	1584.64
Sicktime Taken	0	Vac Days Taken	.00
Sicktime Earned	0	Vac Pay Taken	.00
EI Employer	532.11	Vac Pay Earned	874.67

----- Regular Benefits -----
FAA 1292.32 LIFE 292.32

----- Regular Deductions -----
FAA 1292.32

----- Special Earnings -----
EXPENS 2717.65 TRAVEL 911.00

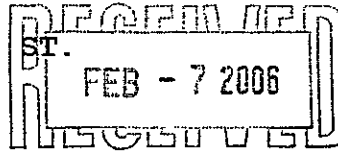
Development Canada ressources humaines Canada
REQUEST FOR PAYROLL INFORMATION
DEMANDE DE RENSEIGNEMENTS-REGISTRES DE PAIE

PROGRAM / PROGRAMME: CPA/VPA
 CASE NO. / N° DU CAS: 073514037
 137530606RP0001
 07368646 AO 1 1

NAME OF CLAIMANT / NOM DU / DE LA PRESTATAIRE VERNON MORRIS				BADGE - PAYROLL NO. / N° D'INSIGNE - REGISTRE DE PAIE			
SOCIAL INSURANCE NUMBER / NUMERO D'ASSURANCE SOCIALE 463 127 746		DATE / DATE Y/A M D/J 06 02 02		BF / AR / Y/A M D/J 06 02 23		BPG/DPP / 1397	
FOR ASSISTANCE PLEASE CALL / BESOIN D'AIDE?... APPELEZ 1 807 467-5715							

HUMAN RESOURCE CENTRE OF CANADA
 CENTRE DE RESSOURCES HUMAINES CANADA

3514
 NISHNAWBE-ASKI LEGAL SERVICES
 CORPORATION
 86 S CUMBERLAND ST.
 THUNDER BAY
 ON
 P7B 2V3



H.R.C.C. 3514
 308 SECOND ST.S.
 PO BOX 5170
 KENORA ON
 P9N 3X9

For the purpose of the Employment Insurance Act, it is necessary to obtain information concerning the employment of the above mentioned person.

Aux fins de l'administration de la Loi sur l'assurance-emploi, il est nécessaire d'obtenir des renseignements concernant le travail de la personne mentionnée ci-haut.

Did this person work and / or have earnings for the week(s) shown below?

Est-ce que cette personne a travaillé pour la (les) semaine(s) indiquée(s) ci-après ou a-t-elle reçu une rémunération pendant cette période?

YES NO

OUI NON

If "YES" please provide the payroll data requested and complete the reverse of this page. If "NO" please answer any question appearing in the "MESSAGE" block below and complete the reverse of this page.

Si "OUI" veuillez fournir les données de paie requises, et compléter le verso de cette page. Si "NON" veuillez répondre à toute question demandée dans la section "MESSAGE" ci-dessous, et compléter le verso de cette page.

It is essential that ALL GROSS EARNINGS be shown by CALENDAR WEEK (Sunday to Saturday) even though this may differ from your pay period. Unemployment benefits are calculated on a calendar week basis and adjusted for earnings in each week.

Il est essentiel d'indiquer TOUTE LA RÉMUNÉRATION BRUTE par SEMAINE CIVILE (dimanche au samedi) même si votre période de paie diffère de ce cycle. Les prestations de chômage sont calculées selon la semaine civile en fonction des gains de chaque semaine.

It is important that you return this form in the enclosed envelope by:

Il est important que vous retourniez ce formulaire en utilisant l'enveloppe ci-jointe d'ici le:

23 FEB 2006

23 FEV 2006

OFFICE USE / L'USAGE DU BUREAU	FOR THE WEEK COMMENCING (SUNDAY) / POUR LA SEMAINE COMMENÇANT (DIMANCHE)	GROSS EARNINGS RÉMUNÉRATION BRUTE	OFFICE USE / L'USAGE DU BUREAU	FOR THE WEEK COMMENCING (SUNDAY) / POUR LA SEMAINE COMMENÇANT (DIMANCHE)	GROSS EARNINGS RÉMUNÉRATION BRUTE	OFFICE USE / L'USAGE DU BUREAU	FOR THE WEEK COMMENCING (SUNDAY) / POUR LA SEMAINE COMMENÇANT (DIMANCHE)	GROSS EARNINGS RÉMUNÉRATION BRUTE
	D/J M Y/A							
1412	11/07/04	NO						

MESSAGE

MESSAGE

INS-5097-03-04EF

OVER - It is important that the reverse be completed.

VERSO - Il est important de remplir le verso.

Were other monies, such as vacation pay, sick leave, maternity leave, wage loss insurance, severance pay, tips, bonus, etc.,

Est-ce que d'autres sommes, telles que paie de vacances, congés de maladie, congés de maternité, assurance-salaire, indemnité de départ, commissions, pourboires, bonis, etc.,

a) paid and included in the gross earnings, during any of the weeks shown on the reverse?

YES NO

b) paid during any of the weeks shown on the reverse and not included in the gross earnings shown?

YES NO

c) paid after separation from employment?

YES NO

If yes, Type of payment

Amount paid

Date paid _____

Reason for payment

a) ont été versées pendant n'importe laquelle des semaines indiquées au verso et sont incluses dans la rémunération brute?

OUI NON

b) ont été versées pendant n'importe laquelle des semaines indiquées au verso et ne sont pas incluses dans la rémunération brute?

OUI NON

c) ont été versées après la cessation d'emploi?

OUI NON

Si oui; Genre de paiement _____

Montant versé

Date du versement _____

Motif du versement

ADDITIONAL INFORMATION / INFORMATION ADDITIONNELLE

Information collected on this form is used for the application of the Employment Insurance Program. Its collection is authorized under subparagraph 126(14) of the Employment Insurance Act. Under the Privacy Act, individuals have the right to access their Income Benefit files which will include this form once completed.

Les renseignements recueillis sur le présent formulaire sont utilisés aux fins de l'application du Régime d'assurance-emploi. Leur collecte est autorisée en vertu du paragraphe 126(14) de la Loi sur l'assurance-emploi. En vertu de la Loi sur la protection des renseignements personnels, chaque personne a le droit de consulter ses dossiers de prestations de soutien du revenu, incluant le présent formulaire, une fois rempli.

The Commission undertakes to respect the confidentiality of the information obtained on this form and to use this information solely for the purpose for which it is obtained. For more information refer to the Index of personal information banks available at all Human Resource Centres of Canada quoting registration number HRDC PPU 005 or HRDC PPU 150.

La Commission s'engage à respecter le caractère confidentiel des renseignements obtenus sur le présent formulaire et d'utiliser ces renseignements uniquement aux fins pour lesquelles ils ont été obtenus. Pour plus d'information, veuillez consulter le Répertoire des fichiers de renseignements personnels DRHC PPU 005 ou DRHC PPU 150 disponible dans tous les centres de ressources humaines Canada.

YOUR COOPERATION IN COMPLETING THIS FORM ACCURATELY ASSISTS TO ENSURE THAT BENEFITS ARE PAID ONLY TO THOSE ENTITLED TO RECEIVE THEM.

REMPLIR CE FORMULAIRE AVEC PRÉCISION CONTRIBUE À NOUS ASSURER QUE DES PRESTATIONS NE SONT PAYÉES QU'À CEUX QUI Y ONT DROIT.

CERTIFICATION / ATTESTATION

I hereby certify that I am authorized to sign on behalf of the employer and that the information concerning the employment and earnings of the aforementioned person is correct.

Je déclare par la présente être autorisé(e) à signer au nom de l'employeur et que les renseignements concernant l'emploi et la rémunération de la personne précitée sont exacts.

DATE Feb 7/00	PRINT NAME / IMPRIMER NOM SUZANNE WITHENSHAW	SIGNATURE <i>Suzanne Withenshaw</i>
AREA CODE / IND. RÉGIONAL 807	TEL. NO. / N° DE TEL 602211413	POSITION / TITRE OU FONCTION FINANCE MANAGER

Nishnawbe-Aski Legal Services Corporation

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Dec 9, 2022

SCANNED

Vernon Morris,
By-Law Program Lead
C/o Nishnawbe-Aski Legal Services Corporation
Thunder Bay, ON
P7E 2R6

Mailing Address:

1805 Arthur St. East
Unit 100
Thunder Bay, ON
P7E 2R6

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

Email: info@nanlegal.on.ca

Website:

[Http://www.nanlegal.on.ca](http://www.nanlegal.on.ca)

PRIVATE & CONFIDENTIAL

Dear Vernon:

We are very pleased to inform you that you have been approved for an annual salary increase of **\$5,000**. Your new annual salary as **By-Law Program Lead** will be **\$60,000**. This increase is retroactive to **June 10, 2022**. Your retroactive pay will be included on your next payroll.

Vernon, we thank you for all your hard work and dedication to the By-Law Program.

If you have any questions, please contact your manager.

Sincerely,



Colette Shwetz



Head Office:

1388 Fort William Rd, Fort
William First Nation, ON P7J
1K7

Colette Shwetz

From: Irene Linklater
Sent: December 8, 2022 4:24 PM
To: Chantelle Johnson; Colette Shwetz
Subject: Re: Vernon Morris Team Lead Salary

Aniin Chantelle and Colette

As discussed at our meeting to review the circumstances of oversight to Vern Morris being missed from Salary adjustment equal to the other Team Leads. I approve the recommendation to salary adjustment increase request to retro period.

Miigwetch

Irene

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From: Chantelle Johnson <cjohnson@nanlegal.on.ca>
Sent: Thursday, December 8, 2022 4:13:48 PM
To: Irene Linklater <llinklater@nanlegal.on.ca>; Colette Shwetz <cshwetz@nanlegal.on.ca>
Subject: RE: Vernon Morris Team Lead Salary

I have completed Vernon's evaluation and I would like to go forward with the plan to move him up to where the other team leads are at 60k. Again I would like to have his salary retroactive to June to match when the others received theirs.

Vernon has more than passed his evaluation and has also in the process of making a new plan for next fiscal year. Vernon is also working toward transferring his knowledge over to his team on how to properly move into communities and work with their areas thoroughly in Bylaw.

Please let me know if you have any questions or concerns. Please let me know what next steps are.

Thank You

Chantelle Johnson, Restorative Justice Manager
For the Restorative Justice, Youth Justice, By Law, Sexual Assault & Domestic Violence Restorative Justice,
Youth Intervention, Guns & Gangs Initiative, and the Community HUB Programs

Nishnawbe-Aski Legal Services Corporation
1805 East Arthur Street, Unit 1
Thunder Bay, Ontario. P7E 2R6

Phone: (807) 766-7081
Cell: (807) 252-3934
Fax: (807) 622-3024
Email: cjohnson@nanlegal.on.ca

From: Irene Linklater <llinklater@nanlegal.on.ca>
Sent: Wednesday, November 30, 2022 4:25:16 PM

To: Chantelle Johnson <cjohnson@nanlegal.on.ca>; Colette Shwetz <cshwetz@nanlegal.on.ca>
Subject: Re: Vernon Morris Team Lead Salary

Aniin Chantelle

It would need a performance review of employee.

Will await HR Manager return from vacation on Monday December 5th.

Miigwetch
Irene

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From: Chantelle Johnson <cjohnson@nanlegal.on.ca>
Sent: Wednesday, November 30, 2022 4:08:17 PM
To: Irene Linklater <linklater@nanlegal.on.ca>; Colette Shwetz <cshwetz@nanlegal.on.ca>
Subject: Vernon Morris Team Lead Salary

Good Afternoon Irene and Colette,

After reviewing the information relating to salary of the Team Leads position within the Restorative Justice Department, it was noted that when an increase in salary for the Team Leads occurred on June 10th 2022 Vernon Morris was overlooked as he was hired on as the Team Lead for the Bylaw Program.

As such, he has remained at the salary amount that was indicated on the contract that was provided to him upon his hiring. This oversight has resulted in Vernon remaining at \$55,000 when all other Team Leads have been increased to \$60,000.

At this time I would like to rectify this oversight and would like to have his salary increased to match that of the other Team Leads. The salary would remain to be taken out of funding provided through MAG 1 as there is more than enough to cover this increase within that salary line item.

Please let me know what can be completed to move this forward. I am very sorry for my oversight and take full responsibility.

Thank you

Chantelle M. Johnson

"Maa - mii - nah - chi - ke - win"

Restorative Justice Manager

For the Restorative Justice, Youth Justice, By-Law, Sexual Assault & Domestic Violence Restorative Justice, Youth Intervention, Guns & Gangs Intervention, and the Community HUB Programs

Nishnawbe-Aski Legal Services Corporation

1805 East Arthur Street, Unit 1
Thunder Bay, Ontario P7E 2R6

Phone: (807) 766-7081

Cell: (807) 252-3934

Fax: (807) 622-3024

E-Mail: cjohnson@nanlegal.on.ca



ENTERED NOV 30 2020

Group Benefits Enrolment or Re-enrolment Application

Please print clearly in dark ink using CAPITAL LETTERS.

Section 1 is to be completed by the plan administrator. The remaining sections and Beneficiary Designation form are to be completed by the plan member.

1 Plan sponsor statement

Plan sponsor name Nishnawbe-Aski Legal Services Corporation Plan contract number 110020

Billing division _____ Account/Division number _____ Plan member's certificate number _____

Do you want the waiting period added to the hire date? Yes No Permanent hire date (dd/mmm/yyyy) 10/11/2020

Re-hire date (dd/mmm/yyyy) _____ If a re-hire, date previous employment ended (dd/mmm/yyyy) _____

Occupation Bylaw Team Lead Class A Hours worked/week 35.00 Salary \$ 55,000 Annually

I certify that the plan member listed below is actively at work at their usual place of employment in Canada. Actively at work means the plan member works a normal work schedule of at least the set minimum hours per week as stated in the plan contract over a 52 week period including paid vacation.

Plan administrator signature [Signature] Date (dd/mmm/yyyy) 30/11/20

Is evidence of insurability required? Yes No (in order to determine if evidence of insurability is required, please refer to your contract.)

If yes, please complete form GL0004E and send to Manulife for processing.

2 Plan member information

Plan member's last name Morris First name Vernon

To be completed by employee

Date of birth (dd/mmm/yyyy) 15/04/59 Gender Male Female Province of residence Ontario

Language English French Do you have a spouse? (married, common law or civil union?) Yes No

3 Plan member address

Address (number, street, apt.) 95 Queen St., P.O. Box 965

City Sioux Lookout Province Ont Postal code P8T 1B2

4 For Quebec residents (age 65 or over)

Are you participating in the RAMQ drug plan? Yes No

5 Application for coverage

Some plans allow refusal of certain benefits if the plan member has coverage under their spouse's plan. If you wish to add coverage at a later date, you may reapply for these benefits at which time satisfactory medical evidence may be required.

I am applying for Extended Health Care for

- Myself only
- Myself and 1 dependant (child or spouse)
- Myself and 2 or more dependants (spouse and children)
- None, because my spouse has coverage

I am applying for Extended Dental Care for

- Myself only
- Myself and 1 dependant (child or spouse)
- Myself and 2 or more dependants (spouse and children)
- None, because my spouse has coverage

Are you applying for Dependant Life? Yes No Dependant Life may be mandatory. Refer to the policy details.

6 Coordination of benefits

This section is required if you are applying for coverage on your dependants.

Do you or your dependants (spouse and/or children) have benefit coverage under another benefits plan? Yes No

If yes, please provide the following details: Name of other insurer Cinup

Insured's last name Morris First name Marion Date of birth (dd/mmm/yyyy) 08/04/60

Effective date of coverage (dd/mmm/yyyy) 15/04/18 Identification/certificate number 029 158 129 Policy number 08979

Please indicate type of coverage under other plan:

Extended Health Benefits

- Single
- Couple
- Family
- None

Dental Care

- Single
- Couple
- Family
- None

In cases where the information is not complete a default value will be applied.

Continued on the next page

7 Dependant information

Complete the following section if the plan includes health and/or dental coverage and you have not refused benefits for your dependants in Section 5 Application for coverage.

Spouse
If there is not enough room to list your dependants, attach details on a separate sheet.

Last name Morris First name Marion Date of birth (dd/mmm/yyyy) 08/04/60
Gender Male Female If common law, please provide the effective date of cohabitation (dd/mmm/yyyy) _____

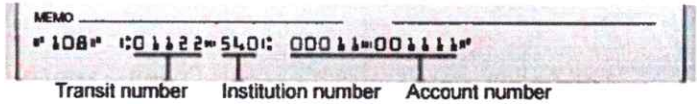
**To apply for over-age disabled dependant coverage, please complete form GL0514E.

Last name	First name	Date of birth (dd/mmm/yyyy)	Gender		Over-age student	Over-age disabled dependant**
			Male	Female		
<u>Morris</u>	<u>Taylor</u>	<u>27/12/2007</u>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8 Direct deposit

Complete the following section if you would like to sign up for direct deposit of your claim payments.

Transit number _____
Institution number _____
Bank account number _____



Electronic claim statement

By providing your email address, you will receive an invitation to register for an online member account.

Work email address V.MORRIS@NAVIGALION.CA Personal email address VERNONMMORRIS@gmail.com

9 Authorization and consent

I hereby apply for coverage ("Coverage") under the Group Benefits plan issued to my plan sponsor by Manulife Financial ("Manulife"). **I understand** that certain aspects of such Coverage may extend to my spouse and eligible dependants (collectively, "Dependants"). **I certify** that the information in this form is true and complete to the best of my knowledge. **I understand** that as the applicant, it is my responsibility to ensure that any further verbal or written statement provided by me, and/or my Dependants, in the future is true and complete to the best of our knowledge. **I acknowledge and agree** that this Coverage or any portion of this Coverage, and future claims thereunder may be denied or terminated as a result of the provision of false, incomplete, or misleading information. **I authorize** Manulife to collect, use, maintain and disclose personal information relevant to this application ("Information") for the purposes of Group Benefits plan administration, audit, assessment, investigation, claim management, underwriting and for determining plan eligibility ("Purposes"). **I authorize** any person or organization with Information, including any medical and health professionals, facilities or providers, professional regulatory bodies, any employer, group plan administrator, insurer, investigative agency, and any administrators of other benefits programs to collect, use, maintain and exchange this information with each other and with Manulife, its reinsurers and/or its service providers, for the Purposes. **I am authorized** by my Dependants to consent to this Authorization, on their behalf as if they were signing it themselves, and to disclose and receive their Information, for the Purposes. **I authorize** my plan sponsor to make deductions from my pay for my Group Benefits plan, if applicable. **I authorize** the use of my Social Insurance Number ("SIN") for the purposes of identification and administration, if my SIN is used as my plan member certificate number. **I agree** a photocopy or electronic version of this authorization is valid.

If applicable, **I authorize** Manulife to deposit all payments ("Payments") due to me from the above referenced Group Benefits policy ("Policy"), into the bank account ("Account") that I have identified on this form. **I confirm** that this direct bank deposit authorization applies to the financial institution herein named by me and any other financial institution I choose to name in the future, and shall remain valid until revoked in writing by me, or my duly authorized representative. **I understand and agree** that upon the deposit of any Payment(s) into the Account, Manulife is fully discharged from any further liability with respect to such Payment(s). **I also understand and agree** that Manulife may, at any time and without prior notice, discontinue the direct deposit of Payment(s), as requested herein, and require my personal written endorsement relating to future Payment(s). **I also hereby acknowledge and agree** that any Payment(s) made by Manulife into the Account, to which I am not entitled, either by contract or by law, shall not form part of my property, and shall be immediately refunded to Manulife, either by me or by representatives of my estate.

If applicable, **I authorize** Manulife to correspond with me through the email address identified on this form regarding my Coverage, for the Purposes. **I understand** such correspondence may contain Information; and that the Information is being sent in a manner that is not guaranteed as a secured means of communication. **I agree** that Manulife is not liable for damages which I may incur as a result of interception by a third party of an email transmission sent by Manulife or by me pursuant to this authorization. **I agree** should the email address identified on this form change that I am responsible for updating the email address maintained by Manulife. **I understand** that if I do not wish to receive emails from Manulife, I can remove my email address online or by contacting the Customer Service Center.

I understand that any Information provided to or collected by Manulife in accordance with this authorization, will be kept in a Group Benefits life, health or disability file. Access to my Information will be limited to:

- Manulife employees, representatives, reinsurers, and service providers in the performance of their jobs;
- persons to whom I have granted access; and
- persons authorized by law.

I have the right to request access to the personal information in my file, and, where appropriate, to have any inaccurate information corrected.

I acknowledge that more specific details regarding how and why Manulife collects, uses, maintains, and discloses my personal information can be found in Manulife's Privacy Policy and Privacy Information Package, available at www.manulife.ca/planmember, or from my Plan Sponsor.

Plan member signature Vernon Morris Date signed (dd/mmm/yyyy) 27/11/20

10 Mailing instructions Plan Member Administration
Manulife Financial
PO BOX 11006, STN CENTRE-VILLE
MONTREAL QC H3C 4T8



Please see reverse for assistance in completing this form.

Send the completed form to: Plan Member Administration
Manulife Financial
PO BOX 11006, STN CENTRE-VILLE
MONTREAL QC H3C 4T8
Fax: 1-877-733-4233

Group Benefits
Beneficiary Designation

All sections of this page should be completed as it will replace any prior designations.

1 Plan member information

Plan sponsor name: Nishnawbe-Aski Legal Services Corporation
Plan contract number: 110020
Plan member name: Morris Vernon M
Province of residence: Ont.
Date of birth: 15/04/59

2 Primary beneficiary

List all primary beneficiaries for Basic Life and/or Basic Accidental Death.

Percentages must total 100% to be valid.

Irrevocability

Name of beneficiary: Morris Marion F.
Date of birth: 08/04/60
Relationship: Wife
Percentage: 100%

Note: If beneficiary is shown as irrevocable, his/her consent is required to change it. Include a signed and dated consent with this form.

For Quebec residents only
In Quebec, the designation of your spouse as beneficiary is irrevocable unless otherwise specified.

3 Optional coverage (if applicable)

Plan contract number

List all beneficiaries for Optional Life and/or Optional Accidental Death.

Irrevocability

Table with 4 columns: Name of beneficiary, Date of birth, Relationship to plan member, Percentage. All cells are empty.

Note: If beneficiary is shown as irrevocable, his/her consent is required to change it. Include a signed and dated consent with this form.

For Quebec residents only
In Quebec, the designation of your spouse as beneficiary is irrevocable unless otherwise specified.

4 Contingent beneficiary

You may wish to designate a contingent beneficiary(ies) to receive any proceeds under this group policy if all of the primary beneficiary(ies), named above for either coverage, should die before you.

Name of contingent beneficiary: Morris Taylor
Date of birth: 28/12/07
Relationship: Granddaughter

5 Trustee appointment

Complete if any beneficiary named is under the age of majority.

I appoint Karrie Morris as Trustee to receive any amount due to any beneficiary under the age of majority (not applicable in Quebec).

6 Declaration and authorization

Due to the legal significance of a beneficiary appointment this designation must be signed and dated to be valid.

A copy, fax, scan or image of the beneficiary designation in this form is as valid as the original.

I hereby revoke any previous beneficiary designations in relation to my foregoing coverage(s) and designate the person(s) named above.

At Manulife Financial, we know that confidentiality of personal information is important. Any information you provide to us will be kept in a Group Life and Health Benefits file.

You have the right to request access to the personal information in your file and, if necessary, correct any inaccurate information.

I acknowledge that more detailed information concerning how and why Manulife Financial collects, uses and discloses my personal information is available at www.manulife.ca/planmember.

Plan member signature: Vernon Morris
Date signed: 27/11/20

Nishnawbe-Aski Legal Services Corporation

SCANNED

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L'PCLP-Δᐱ

Sept 3, 2021

E-MAILED
Sept 19/21

Vernon Morris
c/o Nishnawbe-Aski Legal Services
56 Front St.,
Sioux Lookout, ON P8T 1A3

PRIVATE AND CONFIDENTIAL

RE: Seniority/Vacation Entitlement Reinstatement

Dear Vernon,

This letter is to acknowledge your previous years of employment with NALSC from **Sept 2009 to Oct 2018** and your re-hire date of **November 12, 2020**.

As per NALSC policy, Section 4.4 Former Employees, upon successful completion of your probationary period, your prior years of service with Nishnawbe-Aski Legal Services Corp will be taken into consideration and added to your current seniority.

Your new years of service will be adjusted from 9 months to **9 years/10 months**. As a result, your vacation entitlement will also be adjusted from 3 weeks to **4 weeks**, effective **February 12, 2021**; the day you successfully completed your 3-month probationary period as per NALSC policy.

If you have any questions or concerns, please contact Human Resources to discuss.

Vernon, we thank you for your continued dedication and service to Nishnawbe-Aski Legal Services Corporation.

Colette Shwetz
HR Manager

Cc: Finance

Mailing Address:

1805 Arthur St. East
Unit 100
Thunder Bay, ON
P7E 2R6

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

Email: info@nanlegal.on.ca

Website:
[Http://www.nanlegal.on.ca](http://www.nanlegal.on.ca)



Head Office:

138-B Mission Rd, Fort William
First Nation, ON P7J 1K7

SCANNED

Nishnawbe-Aski Legal Services Corporation

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L'NCLR'Δᐱ

October 23, 2018

Attention : Carol Buswa, Acting Executive Director

Re: Resignation Letter as requested

Please be advised that effective as of October 22, 2018 I submit my resignation from the NALSC as Director of Services. I have thoroughly enjoyed the many years that I have been employed in the corporation and have seen many positive changes throughout the entirety of my employment period.

Mailing Address:

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

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

Email:
info@nanlegal.on.ca

Website:
www.nanlegal.on.ca

I had a good conversation with the Executive Director Derek before he departed for to take a leave of absence whereat we discussed the possibility of a leave of absence for myself from the NALSC. At that time he was in agreement with this arrangement and if the possibility does still exist in some form then I am open to an arrangement.

Whatever is decided I am fine with it and I'm sure that I will be informed as to a final decision on this matter.

IN closing I wish everyone in the NALSC well and I'm certain that our paths will meet from time to time.

Kitchi Meewgetch for everything. I have definitely learned a lot from my work experiences with the NALSC.

Yours truly;



Vernon Morris



Head Office:

100 Anemki Drive,
Suite 106
Fort William First Nation
Thunder Bay, Ontario
P7J 1J4

**Application for membership
in a registered pension plan**

SCANNED

Return to Great-West Life, Group Retirement Services

1-800-724-3402

ENTERED NOV 30 2020

SECTION 1 – EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor Nishnawbe-Aski Legal Services Corporation	Policy/plan number 68012
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SECTION 2 – ISSUER INFORMATION

The group annuity product for the registered pension plan is issued by London Life Insurance Company (the Issuer) 255 Dufferin Avenue, London, ON N6A 4K1. London Life is a subsidiary of Great-West Life. The Great-West Life Assurance Company and key design are trade-marks of Great-West Life, used under licence by London Life for the promotion and marketing of insurance products.

SECTION 3 – APPLICANT INFORMATION (please print)

Last name Morris	Middle initial M	First name Vernon	Division/subgroup 1	Identification/employee number
----------------------------	----------------------------	-----------------------------	-------------------------------	--------------------------------

Social insurance number (SIN)	Date of employment 2020 11 10 yyyy mm dd	Date of birth 1959 04 15 yyyy mm dd	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Language <input checked="" type="checkbox"/> English <input type="checkbox"/> French
-------------------------------	---	--	---	--

I authorize the use of my SIN for tax reporting, identification and record keeping

Marital status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Common law <input type="checkbox"/> Quebec civil union <input type="checkbox"/> Single <input type="checkbox"/> Other _____	Last name of spouse/partner Morris	First name Marion	Email address vmorris@nanlegal.on.ca <small>Required for online access and to email information about the plan or services connected with it</small>
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Address (apt. no., street no., street)
95 Queen St. P.O. Box 965

City Sioux Lookout	Province ontario	Postal code P8T 1B2
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If the above address is a PO box, general delivery or rural route, also include the civic or street address below

Address (apt. no., street no., street)	City	Province	Postal code
--	------	----------	-------------

Telephone no. - - Ext.	Alternate telephone no. - -	Province of employment	Date joined plan yyyy mm dd
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Registry number (Status Indian) (minimum 10 digits) _____

Is the applicant a connected person? Yes* No *Form T1007 must be filed by the employer with Canada Revenue Agency (the plan administrator can help determine whether the applicant is a connected person).

SECTION 4 – BENEFICIARY INFORMATION

Primary beneficiary(ies) on my death

Last Name	First name	Date of birth yyyy mm dd	Relationship to me	% of benefit
Morris	Marion	1960 04 08	Wife	100
				Total 100%

Unless the law requires otherwise, if one of my primary beneficiaries predeceases me, their share will be paid to the surviving primary beneficiaries in equal shares, or if there is no surviving primary beneficiary(ies), to my contingent beneficiary(ies) named below. If there is no contingent beneficiary(ies), the benefit will be paid to my estate.

Contingent beneficiary(ies) on my death

Last Name	First name	Date of birth yyyy mm dd	Relationship to me	% of benefit
				Total 100%

Application for membership in a registered pension plan (continued)

SECTION 4 – BENEFICIARY INFORMATION (continued)

Contingent beneficiary(ies) on my death (continued)

These designations are for all benefits payable under the plan unless pension legislation or the terms of the plan require payment to my spouse or common-law partner.

All beneficiary designations are revocable except:

- where a *Designation of irrevocable beneficiary* form is completed
- where Quebec law applies and I have designated my married or civil union spouse as my beneficiary - the box below applies.

Where Quebec law applies:

- If I designate my married or civil union spouse as my beneficiary, they will be irrevocable unless I check the box below. If not, restrictions will apply, unless I obtain the consent of my spouse. For example, I will be prevented from changing my beneficiary, making withdrawals (where permitted) or exercising certain other rights.

I designate my married or civil union spouse as my revocable beneficiary.

- Where a minor beneficiary or a person who lacks legal capacity resides in Quebec - Benefits payable under this plan to a beneficiary who, at the time payment is to be made, is a minor or lacks capacity, will be paid to their tutor(s) or curator, unless a valid trust has been established for the benefit of the beneficiary, by will or by separate contract, to receive any such payment and the Issuer has been provided notice of the trust. If a trust has already been established, designate the trust as the beneficiary in this section. Before designating a trust, legal advice should be sought.

SECTION 5 – TRUSTEE APPOINTMENT

(to be completed if any of the beneficiaries are minors or otherwise lack legal capacity AND DO NOT RESIDE IN QUEBEC)

If a formal trust does not exist, I hereby appoint:

Full name of trustee being appointed (last name, then first)	Trustee for (indicate beneficiary name)	Relationship of trustee to me

as trustee to receive, in trust, all benefits payable to any beneficiary designated under the plan who, at the time benefits are paid, is a minor or lacks legal capacity to give a valid discharge according to the laws of the beneficiary's domicile. Payment of benefits to the trustee discharges the Issuer to the extent of the payment. I authorize the trustee in their sole discretion to use the benefits for the education or maintenance of the beneficiary and to exercise any right of the beneficiary under the plan. The trustee may, in addition to the investments authorized for trustees, invest in any product of, or offered by the Issuer or its affiliated financial institutions. The trust for any beneficiary will terminate once that beneficiary is both of age of majority and has legal capacity to give a valid discharge. I direct the trustee to deliver at that time to the beneficiary the assets held in trust for that beneficiary. I or my personal representative may by writing appoint a new trustee to replace the former trustee.

SECTION 6 – PAYROLL DEDUCTION AUTHORIZATION

I authorize my employer to deduct the following from each pay:

- member required contributions under the provisions of the plan; 6% and,
- if permitted by the plan, additional voluntary contributions of _____ . I reserve the right to alter or discontinue this option.

SECTION 7 – INVESTMENT SELECTION

Select investment(s) if the plan sponsor/plan administrator has given members the right to select investments for all or part of the contributions to the plan. If a selection is not made, contributions will be invested in the default investment.

Name of investment and/or code	Percentage	Name of investment and/or code	Percentage
<u>Continuum 2025</u>	<u>100</u> %		%
	%		%
	%		%

Total allocation must equal 100%

SECTION 8 – CONFIDENTIAL INFORMATION FILE

The Issuer will establish a confidential information file that contains personal information concerning the applicant. By submitting a written request to the Issuer, the applicant may exercise rights of access to, and rectification of, the file. The Issuer will collect, use and disclose the applicant's personal information to: process this application and provide, administer and service the plan applied for (including service quality assessments by or on behalf of the Issuer); advise the applicant of products and services to help the applicant plan for financial security; investigate, if required, and pay benefits under the plan; create and maintain records concerning our relationship as appropriate; and, fulfil such other purposes as are directly related to the preceding. The Issuer may use service providers within or outside Canada. Personal information concerning the applicant will only be available to the applicant, plan sponsor, plan administrator, pension and related government authorities, the Issuer, its affiliates, and any duly authorized employees, agents and representatives of the Issuer or its affiliates, within or outside Canada, for or related to the purpose of the plan, except as otherwise may be required, authorized or allowed by law or legal process, or by the applicant. In all cases, availability is subject to lawful determination by the Issuer. Personal information is collected, used, disclosed, or otherwise processed or handled in accordance with governing law, including applicable privacy legislation, and the applicant's personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. For more information about our privacy practices, please ask for a copy of our Privacy Guidelines brochure.

SECTION 9 – SIGNATURE

I confirm the information on this form and will update it in the future as it changes. I am aware of the reasons the information covered by my authorizations and consents is needed, and the benefits of, and the risks of not, authorizing/consenting. I authorize and consent to the Issuer collecting, using, and disclosing personal information concerning me for the purposes outlined in the Confidential Information File section. This authorization and consent is given in accordance with applicable law and without limiting the authorizations and consents given elsewhere in this application. My authorizations and consents will begin the date this application is signed and end when no longer required. My authorizations and consents may be revoked at any time by either written or electronic notification to the Issuer, subject to legal and contractual considerations. A reproduction of my authorizations and consents will be as valid as the original.

Signature of applicant

Vernon Monod

Date

November 27, 2020



NISHNAWBE-ASKI POLICE SERVICE

File Reference: 700 00
Via: Hand Delivery

PRIVATE & CONFIDENTIAL

JULY 16, 2004

NISHNAWBE ASKI LEGAL SERVICES
THUNDER BAY, ONTARIO

Attention: To whom it may concern

Subject: VERNON MCALISTIAR MORRIS DOB: 1959-04-15
P.O.BOX 138, SIOUX LOOKOUT, ONTARIO

Mr. MORRIS contacted our Police Service and requested that a Criminal Record Check be performed on him as is required by your institution.

This record and the information contained therein, is being provided in confidence and shall not be disclosed to any person with the exception of the person named above without the express written consent of the Chief of Police of the Nishnawbe-Aski Police Service.

*The following information is based on a name check only, having a birth date as provided Above. **Details cannot be certified as relating to the subject of inquiry without a fingerprint Comparison.***

Our record search:

- Fails to reveal any record relating to the above subject
- Indicates the following information may relate to the above subject -

- If you require further information, please do not hesitate to contact the undersigned.

Sincerely,

NISHNAWBE-ASKI POLICE SERVICE

Kathy Loranger
C.P.I.C./S.O.R. Co-Ordinator

Nishnawbe Aski Police Service
Northwest Headquarters

P.O. Box 698, Airport Road, Sioux Lookout, On P8T 1B1
Phone (807) 737-4045 - Fax (807) 737-7331



Nishnawbe-Aski Legal Services Corporation

OATH OF CONFIDENTIALITY

In recognition of the compensation and any other rights and benefits provided to me as an Employee of the Nishnawbe-Aski Legal Services Corporation, hereinafter referred as NALSC, I hereby solemnly declare that I will preserve and maintain the confidentiality and secrecy of all the programs, business dealings, affairs, techniques, records, reports and information available or otherwise known to me in the course of my past, present and future work with NALSC. Further, I agree that I will not use such information, for my own or any other person's interests, whether or not such interests conflict with those of the NALSC's business, during or after my employment with NALSC.

Specifically, I will not at any time or under any circumstance or in any manner, make known or divulge to any person, persons, partnership, First Nation, corporation, government or organization, the information or transactions of the NALSC known to me without the express written consent of the Executive Director of the NALSC.

I have read and promise, by this Oath of Confidentiality, to maintain strict confidentiality of information during, and after my employment with Nishnawbe-Aski Legal Services Corporation.

Dated this 21 day of July, 2004.

Vernon Morris
Employee Signature

Paul E. Jones
Witness Signature

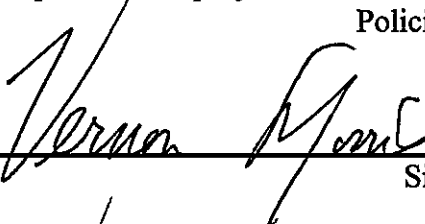
Vernon Morris
Print Employee Name

Paul E. Jones
Print Witness Name

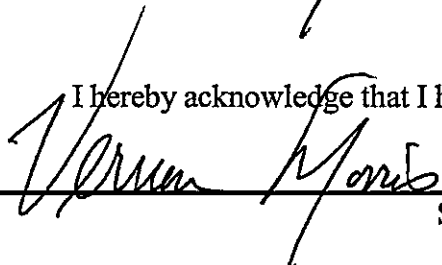
Nishnawbe-Aski Legal Services Corporation

ACKNOWLEDGEMENT

I hereby acknowledge that I have received a copy of the Nishnawbe-Aski Legal Services Corporation Employees' Manual containing the Personnel, Harassment and Financial Policies of the Corporation.

 Vernon Morris
Sign and print name

I hereby acknowledge that I have read and understood the Employee Manual.

 Vernon Morris
Sign and print name

Date this 21 of July 2004.