



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

REQUEST FOR LEAVE RECORD

Date: 4/5/23
Name of Employee: Irene Linklater
Position: executive director
Supervisor: BOARD Chair

Form required 3 days in advance for Vacation, Sick (Medical), Management, Lieu Time and Other.

Start Time Off

Date April 12 Time 9:00 a.m.

Return To Work

Date April 17 Time 9:00 a.m.

Number of Days 1 Number of Hours _____

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

Type of Leave

Please checkmark one.

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

If L, S, M, & Other – Reason given:

* Making correction to LEAVE Request to change one Management Leave Day as VACATION Leave day instead for April 12-2023
NOTE: I am on vacation from April 11 (management day) approved and April 13 & 14 on approved vacation leave already.

If Leave is Without Pay (Check Here)

Employee's Signature Irene Linklater

Date april 5, 2023

Supervisor's Signature [Signature]

Date April 6 2023

Executive Director Approval
(Required for M, B Leave)

_____ Date: _____