



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
REQUEST FOR LEAVE RECORD

Date: 07-Sep-2022
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 09-Sep-2022 Time 0900 a.m.

Return To Work
Date 12-Sep-2022 Time 0900 a.m.

Number of Days 1 Number of Hours _____

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

Type of Leave

Please checkmark one.

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

If L, S, M, & Other – Reason given:

Management day leave for month of August.

If Leave is Without Pay (Check Here)

Employee's Signature *Irene Linklater*
Date 07-Sep-2022

Supervisor's Signature *[Signature]*
Date Sept 7 2022

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