

NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

REQUEST FOR LEAVE RECORD

| Date: | 1/12/22 |
|--|--|
| 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 February 1 | 7, 2021 <u>Sime</u> 9:00 a.m. |
| Return To Work Date February 2 | 2, 2021 <u>Time</u> 9:00 a.m. |
| Number of Days 2 Number of Hours | |
| If sick leave – medical certificate provided Y or N? | |
| Type of Leave | |
| Please checkmark one. | |
| | If L, S, M, & Other - Reason given: |
| Lieu Time (L) Sick (S) | 2 Management Days for months of January & February 2022. |
| Management (M) Vacation (V) | Note: Monday Feb. 21 is Family Day/NALSC Statutory Day-office closed |
| If Leave is Without Pay (Check Here) | |
| Employee's Signature | Irene Linklater Supervisor's Signature |
| Date <u>Ja</u> | nuary 12, 2022 Date January 19 2022 |
| Executive Director Approval (Required for M, B Leave) Date: | |