



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

REQUEST FOR LEAVE RECORD

Date: 18-Apr-2023

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 19-Apr-2023 Time 9 am

Return To Work

Date 19-Apr-2023 Time 1 pm

Number of Days _____ Number of Hours 3.0 hrs

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:

Dental Surgery - Thunder Bay
Procedure starts 8:30 a.m.
I will take lunch break time after procedure.

If Leave is Without Pay (Check Here)

Employee's Signature *Irene Linklater*

Date 18-Apr-2023

Supervisor's Signature *[Signature]*

Date Apr 18 2023

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

Date: _____