



# NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

## REQUEST FOR LEAVE RECORD

Date: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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

### Start Time Off

Date \_\_\_\_\_ Time \_\_\_\_\_

### Return To Work

Date \_\_\_\_\_ Time \_\_\_\_\_

Number of Days \_\_\_\_\_ 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:

If Leave is Without Pay (Check Here) \_\_\_\_\_

Employee's  
Signature \_\_\_\_\_

Supervisor's  
Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Executive Director Approval  
(Required for M, B Leave)

\_\_\_\_\_ Date: \_\_\_\_\_