



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
REQUEST FOR LEAVE RECORD

Date: 10-Oct-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 24-Oct-2023 Time 0900 a.m.

Return To Work

Date 25-Oct-2023 Time 0900 a.m.

Number of Days 1 Number of Hours _____

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

<u>Type of Leave</u>	
Please checkmark one.	
<input type="checkbox"/> Lieu Time (L)	If L, S, M, & Other – Reason given: <u>One Vacation Day Tuesday Oct. 24.</u>
<input type="checkbox"/> Sick (S)	
<input type="checkbox"/> Management	
<input checked="" type="checkbox"/> (M) Vacation (V)	

If Leave is Without Pay (Check Here)

Employee's Signature Irene Linklater
Date 10-Oct-2023

Supervisor's Signature [Signature]
Date Oct 16 2023

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