



**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION**  
**REQUEST FOR LEAVE RECORD**

Date: 12/13/23  
 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 December 21, 2023 Time 9:00 a.m.

**Return To Work**  
 Date December 22, 2023 Time 9:00 a.m.

Number of Days \_\_\_\_\_ Number of Hours 7 hrs

If sick leave – medical certificate provided Y or N? \_\_\_\_\_

<u>Type of Leave</u>	
Please checkmark one.	
<input type="checkbox"/> Lieu Time (L)	<b>If L, S, M, &amp; Other – Reason given:</b> Cultural leave December 21 for 7 hrs. (There is no HRIS Box for Cultural Leave to check off)
<input type="checkbox"/> Sick (S)	
<input type="checkbox"/> Management	
<input type="checkbox"/> (M) Vacation (V)	

If Leave is Without Pay (Check Here)

Employee's Signature *Irene Linklater*  
 Date Dec. 13-2023

Supervisor's Signature *[Signature]*  
 Date Dec 11 2023

Executive Director Approval *[Signature]* Date \_\_\_\_\_  
 (Required for M, B Leave)