



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

REQUEST FOR BEREAVEMENT LEAVE

Date: _____

Name of Employee: _____

Position: _____

Supervisor: _____

Start Time Off

Date _____ Time _____

Return To Work

Date _____ Time _____

Number of Days _____ Number of Hours _____

<u>BEREAVEMENT LEAVE:</u> (list generated from personnel policy 16) iv, v	
Please checkmark one.	
IMMEDIATE FAMILY (5 DAYS) SPOUSE (MARRIED/COMMON LAW) CHILDREN (FOSTER/WARDS/COMMON LAW) PARENTS /STEP PARENTS (INLAWS) GRANDPARENTS SIBLINGS (INLAWS) BLOOD RELATIVE LIVING WITH EMPLOYEE	EXTENDED FAMILY (3 DAYS) UNCLE AUNT NIECE NEPHEW COUSIN IMMEDIATE FAMILY OF EMPLOYEES SPOUSE

Employee's Signature _____

Supervisor's Signature _____

Date _____

Date _____

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