



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 _____

BEREAVEMENT LEAVE: (list generated from personnel policy 16) iv, v

Please checkmark one.

IMMEDIATE FAMILY (5 DAYS)	EXTENDED FAMILY (3 DAYS)
SPOUSE (MARRIED/COMMON LAW)	UNCLE
CHILDREN (FOSTER/WARDS/COMMON LAW)	AUNT
PARENTS /STEP PARENTS (INLAWS)	NIECE
GRANDPARENTS	NEPHEW
SIBLINGS (INLAWS)	COUSIN
BLOOD RELATIVE LIVING WITH EMPLOYEE	IMMEDIATE FAMILY OF EMPLOYEES SPOUSE

Employee's
Signature _____

Supervisor's
Signature _____

Date _____

Date _____

Executive Director Approval
(Required for M, B Leave)

_____ Date: _____