



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: _____