



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

REQUEST FOR LEAVE RECORD

Date: 05/06/2022

Name of Employee: Susan Cheechoo

Position: TTF

Supervisor: Carol Buswa

Please provide copies as follows:
 1 copy – Employee
 1 copy – Finance/HR
 1 copy - Supervisor

Form required 3 days in advance for Vacation, Sick (Medical), Management, Lieu Time and Other.

Start Time Off

Date 04/25/2022 Time 9:00am

Return To Work

Date 04/26/2022 Time 9:00am

Number of Days _____ Number of Hours 7

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

Type of Leave

Please checkmark one.

<input type="checkbox"/>	Bereavement (B)	If B, L, S, M, & Other – Reason given: Leave without pay-
<input type="checkbox"/>	Lieu Time (L)	
<input type="checkbox"/>	Sick (S)	
<input type="checkbox"/>	Management (M)	
<input type="checkbox"/>	Vacation (V)	

If Leave is Without Pay (Check Here) X

Employee's Signature Susan Cheechoo Supervisor's Signature _____
 Date May 6, 2022 Date _____

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