



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 04/29/2022 Time 9:00am

Return To Work

Date 05/02/2022 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.

- Bereavement (B)
- Lieu Time (L)
- Sick (S)
- Management (M)
- Vacation (V)

If B, L, S, M, & Other – Reason given:

Family Emerge- Daughter was very sick with stomach flu

If Leave is Without Pay (Check Here) _____

Employee's Signature Susan Cheechoo

Supervisor's Signature _____

Date May 6, 2022

Date _____

Executive Director Approval
(Required for M, B Leave)

_____ Date: _____