

✓ entered to HRIS on May 8th
for payroll # 18



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
REQUEST FOR LEAVE RECORD

Date: 4/21/23
Name of Employee: Irene Linklater
Position: Executive Director
Supervisor: Board Chair

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

Start Time Off
Date August 14 Time 9:00 a.m.

Return To Work
Date August 28 Time 9:00 a.m.

Number of Days 10 Number of Hours _____

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

Type of Leave	
Please checkmark one.	
<input type="checkbox"/> Lieu Time (L)	If L, S, M, & Other – Reason given: vacation 10 days August 14 to August 25.
<input type="checkbox"/> Sick (S)	
<input type="checkbox"/> Management	
<input checked="" type="checkbox"/> (M) Vacation (V)	

If Leave is Without Pay (Check Here)

Employee's Signature *Irene Linklater*
Date April 21, 2023

Supervisor's Signature *[Signature]*
Date April 26 2023

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