



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

REQUEST FOR LEAVE RECORD

Date: 11-Nov-2022
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 22-Nov-2022 Time 09:00 am.

Return To Work
Date 22-Nov-2022 Time 11:00 am

Number of Days _____ Number of Hours 2 hrs

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

Type of Leave	
Please checkmark one.	
<input type="checkbox"/> Lieu Time (L)	If L, S, M, & Other – Reason given: Med appt. Appt may be longer than 2 hours factoring in possible Wait Time.
<input checked="" type="checkbox"/> Sick (S)	
<input type="checkbox"/> Management	
<input type="checkbox"/> (M) Vacation (V)	

If Leave is Without Pay (Check Here)

Employee's Signature Irene Linklater
Date _____

Supervisor's Signature [Signature]
Date Nov 14 2022

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