



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
REQUEST FOR LEAVE RECORD

Date: 2/22/23
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 March 16-2023 Time 9:00 a.m.

Return To Work
Date March 21-2023 Time 9:00 a.m.

Number of Days 3 Number of Hours 21

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: <u>3 Management Days</u>
<input type="checkbox"/> Sick (S)	
<input checked="" type="checkbox"/> Management	
<input type="checkbox"/> (M) Vacation (V)	

If Leave is Without Pay (Check Here)

Employee's Signature Irene Linklater
Date Feb. 22-2023

Supervisor's Signature [Signature]
Date Feb 22 2023

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