



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
REQUEST FOR LEAVE RECORD

Date: 16-Jan-2023
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 16-Jan-2023 Time 1:30 p.m.
Return To Work
Date 17-Jan-2023 Time 8:30 a.m.
Number of Days _____ Number of Hours 3 hours

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: <u>dental surgery</u>
<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 16-Jan-2023

Supervisor's Signature [Signature]
Date Jan 16 2023

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