



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

REQUEST FOR LEAVE RECORD

Date: 03-May-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 28-Apr-2022 Time 9:30 a.m.

Return To Work

Date 28-Apr-2022 Time 2:30 p.m.

Number of Days _____ Number of Hours 5 hours

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

Type of Leave

Please checkmark one.

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

If L, S, M, & Other – Reason given:

pre-op surgery appointment

If Leave is Without Pay (Check Here)

Employee's Signature Irene Linklater

Date 03-May-2022

Supervisor's Signature [Signature]

Date May 3 2022

Executive Director Approval
(Required for M, B Leave)

_____ Date: _____