



**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 ~~20~~ Nov-2022 Time 09:00 am.

Return To Work  
Date ~~20~~ Nov-2022 Time 12:00 am

Number of Days \_\_\_\_\_ Number of Hours 3 hrs

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

<b>Type of Leave</b>	
Please checkmark one.	
<input type="checkbox"/> Lieu Time (L)	If L, S, M, & Other – Reason given: <u>Med. Appt. is booked possible for up to 3 hours.</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 \_\_\_\_\_

Supervisor's Signature [Signature]  
Date Nov 14 2022

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