



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

REQUEST FOR LEAVE RECORD

Date: 12-Jun-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 10-Jul-2023 Time 9:00 a.m.

Return To Work

Date 17-Jul-2023 Time 9:00 a.m.

Number of Days 5 Number of Hours 35 hrs.

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

Type of Leave

Please checkmark one.

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

If L, S, M, & Other – Reason given:

Bereavement leave death of brother delayed internment services in Pikangikum. I have not yet taken bereavement leave. HR policy allows additional 3 days paid leave for long-distance travel to attend services of immediate family member. I am requesting only the 5 days of paid leave July 10-14-2023.

If Leave is Without Pay (Check Here)

Employee's Signature *Irene Linklater*
Date 12-Jun-2023

Supervisor's Signature _____
Date _____

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