

NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

REQUEST FOR LEAVE RECORD

| Date: | 18-May-2022 | | | |
|--|--|------------------------|-------|------|
| Name of Employee: Irene Linklater | | | | |
| Position: | esition: Executive Director | | | |
| Supervisor: | Board Chair - Jim | Beardy | | |
| Form required 3 days in advance for Vacation, Sick (Medical), Management, Lieu Time and Other. | | | | |
| Start Time Off Date 02-Aug-2 | 022 Time 9 | 9:00 a.m. | | |
| Return To Work Date 15-Aug-2 | 022 Time 2 | 9:00 a.m. | | |
| Number of Days | Number of Hours | | | |
| 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 9 vacation days | on given: | | |
| If Leave is Without Pay (Check Here) | | | | |
| Employee's Signature | Arens Linklater | Supervisor's Signature | Down | 65 |
| Date 1 | 8-May-2022 | Date | My 20 | 2012 |
| Executive Director Ap (Required for M, B Le | | | Date: | |