



**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION**

**REQUEST FOR LEAVE RECORD**

Date: 10/10/23  
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 October 20, 2023 Time 0900 a.m.

**Return To Work**

Date October 24, 2024 Time 0900 a.m.

Number of Days \_\_\_\_\_ Number of Hours 14 hours

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

<u>Type of Leave</u>	
Please checkmark one.	
<input type="checkbox"/> Lieu Time (L)	<b>If L, S, M, &amp; Other – Reason given:</b> Request 2 Management Days (14 hours) Friday Oct 20th and Monday Oct. 23.
<input type="checkbox"/> Sick (S)	
<input checked="" type="checkbox"/> Management	
<input type="checkbox"/> (M) Vacation (V)	

If Leave is Without Pay (Check Here)

Employee's Signature Irene Linklater  
Date Oct. 10, 2023

Supervisor's Signature [Signature]  
Date Oct 16 2023

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