



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
REQUEST FOR LEAVE RECORD

Date: 07-Nov-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 07-Dec-2023 Time 0900 a.m.

Return To Work
Date 11-Dec-2023 Time 0900 a.m.

Number of Days _____ Number of Hours 14 hours

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

Type of Leave	
Please checkmark one.	
<input type="checkbox"/> Lieu Time (L)	If L, S, M, & Other – Reason given: 2 Cultural Leave Days (14 hours) Thursday December 7, & Friday December 8, 2023 Note: There is no Culture Box check off in the Leave Request Form
<input 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 07-Nov-2023

Supervisor's Signature *[Signature]*
Date Nov 7 2023

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