



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

REQUEST FOR LEAVE RECORD

Date: 19-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 07-Jul-2023 Time 0900 a.m.

Return To Work

Date 17-Jul-2023 Time 0900 a.m.

Number of Days _____ Number of Hours 7 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:

July 10 to 14 on pre-approved leave and this is the reason that this Management leave return-date is on Monday July 17th.

If Leave is Without Pay (Check Here)

Employee's Signature *Irene Linklater*

Date 19-Jun-2023

Supervisor's Signature *[Signature]*

Date June 20 2023

Executive Director Approval
(Required for M, B Leave)

_____ Date: _____