



**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION**  
**REQUEST FOR LEAVE RECORD**

Date: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**Form required 3 days in advance for Vacation, Sick (Medical), Management, Lieu Time and Other.**

**Start Time Off**

Date \_\_\_\_\_ Time \_\_\_\_\_

**Return To Work**

Date \_\_\_\_\_ Time \_\_\_\_\_

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 given:

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If Leave is Without Pay (Check Here) \_\_\_\_\_

Employee's Signature Irene Linklater

Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

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

Date: \_\_\_\_\_