



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

REQUEST FOR LEAVE RECORD

Date: _____
Name of Employee: _____
Position: _____
Supervisor: _____

Please provide
copies as follows:
1 copy – Employee
1 copy – Finance/HR
1 copy - 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.

- Bereavement (B)
- Lieu Time (L)
- Sick (S)
- Management (M)
- Vacation (V)

If B, L, S, M, & Other – Reason given:

If Leave is Without Pay (Check Here) _____

Employee's
Signature _____
Date _____

Supervisor's
Signature _____
Date _____

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