



# 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: \_\_\_\_\_