



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

REQUEST FOR LEAVE RECORD

Date: 30-Oct-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 30-Oct-2023 Time 1:30 pm

Return To Work

Date 31-Oct-2023 Time 09:00 am

Number of Days _____ Number of Hours 3.5 hours

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

Type of Leave

Please checkmark one

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

If L, S, M, & Other – Reason given:

dental emergency

If Leave is Without Pay (Check Here)

Employee's Signature Irene Linklater

Supervisor's Signature [Signature]

Date Oct. 30/2023

Date 30/31 2023

Executive Director Approval
(Required for M, B Leave)

Date: _____