



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
REQUEST FOR LEAVE RECORD

Date: 3/14/23
 Name of Employee: Tara Thompson
 Position: Finance Controller
 Supervisor: Irene Linklater

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

Start Time Off
 Date Feb 28/23 Time 9am

Return To Work
 Date March 22, 2023 Time 9am

Number of Days 9 Number of Hours 63

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

Type of Leave

Please checkmark one.

<input type="checkbox"/>	Lieu Time (L)
<input type="checkbox"/>	Sick (S)
<input type="checkbox"/>	Management
<input checked="" type="checkbox"/>	(M) Vacation (V)

If L, S, M, & Other – Reason given:

*NOTE: Vacation leave applied to 9 days for pay
 Period #6 Feb. 25/23 to March 10/23
 This can be reversed at request of Employee *TH**

If Leave is Without Pay (Check Here)

Employee's
 Signature _____
 Date _____

Supervisor's
 Signature *Irene Linklater*
 Date March 14, 2023

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