



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

REQUEST FOR LEAVE RECORD

Date: 24-Oct-2022

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 24-Oct-2022 Time 9:00 a.m.

Return To Work
 Date 25-Oct-2022 Time 12:00 Noon.

Number of Days _____ Number of Hours 10 hours

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

Type of Leave	
Please checkmark one.	
<input type="checkbox"/> Lieu Time (L)	If L, S, M, & Other – Reason given: <u>medical sickness and dental appointment</u>
<input checked="" type="checkbox"/> Sick (S)	
<input type="checkbox"/> Management	
<input type="checkbox"/> (M) Vacation (V)	

If Leave is Without Pay (Check Here)

Employee's Signature *Irene Linklater*
 Date 24-Oct-2022

Supervisor's Signature *[Signature]*
 Date Oct 24 2022

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