



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

VACATION CARRY-OVER REQUEST

Date:	MARCH 8, 2024
Name of Employee:	ROBERT OSTAMAS
Position:	COMMUNITY LEGAL WORKER
Supervisor:	DOREEN STONE
Program:	LEGAL AID

VACATION CREDITS

Carry-over balance: ~~105~~ 21  
HRS

No. of days requested: ~~15~~ 3  
DAYS

REASON FOR CARRY-OVER AND DATE TO BE TAKEN

Insufficient time to use up vacation credits before end of fiscal year 2023/24 ending March 31<sup>st</sup> 2024. I plan on using vacation credits during the upcoming summer months.

21 hours left on HRIS

Employee's Signature RM OSTAMAS

Supervisor's Signature *[Signature]*

Executive Director Signature \_\_\_\_\_

Date: March 8, 2024

Date: March 11/24

Date: \_\_\_\_\_

12) Carrying Over Vacation Leave

- a. The carry over request form must be filled out and signed by a manager and the Executive Director for an **excess** of a 5 day carry over.
- b. Carry over requests must be made on or before March 15 of the fiscal year and be accompanied with an explanation for how and when the employee plans to use the carry over days in the next fiscal year.
- c. All approved carry over must me used by March 31. Failure to use the carry over by March 31 of the following fiscal year will result in forfeiture of the carry over.