

Date:

## NISHNAWBE-ASKI LEGAL SERVICES CORPORATION VACATION CARRY-OVER REQUEST

03/12/24

	1100/	~ 1			
Name of Employee:	Negan	Wood			
Position:	Staff	(awyer			
Supervisor:	Renzo (	acon			
Program:	STLAW				
VACATION CREDITS					
		REASON FOR	R CARRY-OV	ER AND DATE TO BE TAKEN	J
Carry-over balance: No. of days requested:	1 hrs	would	lite	to Karani	
		after	Danc	Jon Burton	
			0 0 1 1 0	soo or crip	
	and P	1		^ 1	1
Employee's Signatur	N Coop	<u> </u>	Date	: Narch 12/2 : 12-Man 20	4
Supervisor's Signatur	e		Date	: 12-Man 25	4
Executive Directo	or				(

## 12) Carrying Over Vacation Leave

Signature

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.

Date: \_\_\_

- 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.