



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
VACATION CARRY-OVER REQUEST

Date:	March 4, 2024
Name of Employee:	Ashley Richards
Position:	Communications Coordinator
Supervisor:	Doreen Stone
Program:	LAS

VACATION CREDITS

Carry-over balance: 35
No. of days requested: 5

REASON FOR CARRY-OVER AND DATE TO BE TAKEN

Initially was going to take during March Break but we were requested to have a table set up in Dryden during All Bands Tournament on March 12, 13, 14 (ID Clinic set up with SLHA)

Employee's Signature Ashley Richards

Date: March 4, 2024

Supervisor's Signature Doreen Stone

Date: March 6, 2024

Executive Director
Signature _____

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 be 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.