



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

Date:	<b>February 26, 2024</b>
Name of Employee:	<b>Lorilee Lessard</b>
Position:	<b>SADV Worker</b>
Supervisor:	<b>Alana Odawa</b>
Program:	<b>VWAP</b>

**VACATION CREDITS**

Carry-over balance: 31.5  
No. of days requested: \_\_\_\_\_

**REASON FOR CARRY-OVER AND DATE TO BE TAKEN**

**I have just taken the SADV Role and will be unable to take vacation days.  
Vacation days will be used in July and August.**

Employee's Signature

Date: February 26, 2024

Supervisor's Signature

Alana Odawa-Lindstone

Date: February 26, 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.