



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
VACATION CARRY-OVER REQUEST

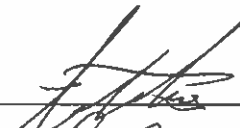

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|-------------------|----------------------------|
| Date: | March 11, 2024 |
| Name of Employee: | Feather Metatawabin |
| Position: | Gladue Writer |
| Supervisor: | Lenny Carpenter |
| Program: | Gladue |

VACATION CREDITS

Carry-over balance: 14
 hours
No. of days requested: 2

REASON FOR CARRY-OVER AND DATE TO BE TAKEN

I don't plan to use anymore vacay time for the remainder of the month. If approved, I plan to use the carry-over vacay hours when I visit family this summer (in July or August 2024) in my first nation community.

Employee's Signature 
Supervisor's Signature 
Executive Director
Signature _____

Date: March 11, 2024
Date: March 12, 2024
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.