



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

Date:	<b>February 28, 2024</b>
Name of Employee:	<b>Francesca Mainville</b>
Position:	
Supervisor:	<b>Colette Shwetz</b>
Program:	

**VACATION CREDITS**

Carry-over balance: 31.5  
No. of days requested: 4.5

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

**End of May 2024 will be one year anniversary.  
Will take vacation days between May-July 2024.**

Employee's Signature *F. Mainville* Date: Feb. 28 / 2024  
Supervisor's Signature *Colette Shwetz* Date: Feb 28 / 24.  
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.