



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
VACATION CARRY-OVER REQUEST

Date:	2024-03-01
Name of Employee:	Kayla Landry
Position:	Restorative Justice Worker
Supervisor:	Kenneth Sackanay
Program:	Restorative Justice

VACATION CREDITS

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

REASON FOR CARRY-OVER AND DATE TO BE TAKEN

I want to reserve vacation days to spend quality time with my two step sons over the summer. The dates are not determined yet. I will provide ample notice prior to booking these days off.

Employee's Signature Kayla Landry

Date: March 1st 2024

Supervisor's Signature [Signature]

Date: March 7, 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.