



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
VACATION CARRY-OVER REQUEST

Date:	March 4, 2024
Name of Employee:	Joshua Swearengen
Position:	Director of Finance
Supervisor:	Chantelle Johnson
Program:	Finance (Admin)

VACATION CREDITS

Carry-over balance: 42
No. of days requested: 6

REASON FOR CARRY-OVER AND DATE TO BE TAKEN

I have been unable to take extended periods of time off due to me filling the Director of Finance role and then not having a Finance Manager. I also have other time to use such as cultural and management time and I want to use this time because I would lose it if I don't. I have trips planned to Calgary and Italy in the summer which is when I plan to use this time.

Employee's Signature Joshua Swearengen Date: March 4, 2024
Supervisor's Signature _____ Date: _____
Executive Director Signature [Signature] Date: March 4/24

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.