



# NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

## VACATION CARRY-OVER REQUEST

Date:	Feb. 26, 2024
Name of Employee:	Renzo Caron
Position:	Director of Legal Services
Supervisor:	Chantelle Johnson
Program:	Legal Services

### VACATION CREDITS

Carry-over balance:  
No. of days requested:

32  
35 hrs  
8 1/2

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

-Work schedule does not permit me to utilize 5.0 days of vacation leave prior to Mar. 31, 2024.  
-I plan to use these 5 carry over days in late July 2024 to join a family trip on the occasion of my parent's anniversary.

Employee's Signature \_\_\_\_\_

Date: Feb. 26, 2024

Supervisor's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Executive Director  
Signature \_\_\_\_\_

Date: \_\_\_\_\_

### 12) Carrying Over Vacation Leave

- 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.
- 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.
- 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.