



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
VACATION CARRY-OVER REQUEST

Date:	03-14-2024
Name of Employee:	Rachel Catroppa
Position:	Travel Coordinator
Supervisor:	Rhain Mainville
Program:	

VACATION CREDITS

Carry-over balance: 11
No. of days requested: _____

REASON FOR CARRY-OVER AND DATE TO BE TAKEN

Just received hours
Not enough time to use

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

Date: 03-14-2024
Date: March 14/2024
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 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.