



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
VACATION CARRY-OVER REQUEST

Date:	March 11, 2024
Name of Employee:	Honarine Scott
Position:	Gladue Writer
Supervisor:	Lenny Carpenter
Program:	Gladue Program

VACATION CREDITS

Carry-over balance: 4.62
No. of days requested: ~~32.31~~
hrs.

REASON FOR CARRY-OVER AND DATE TO BE TAKEN

I have lica time I need to use up. (22 hrs)

Employee's Signature Honarine Scott
Supervisor's Signature [Signature]
Executive Director Signature _____

Date: March 11, 2024
Date: March 12, 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 me 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.