



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
VACATION CARRY-OVER REQUEST

Date:	March 14, 2024
Name of Employee:	Rhain Mainville
Position:	Manager of Facilities and Purchasing
Supervisor:	Joshua Swearingen
Program:	Admin



VACATION CREDITS

Carry-over balance: 24
No. of days requested: 3.43

REASON FOR CARRY-OVER AND DATE TO BE TAKEN

Unused vacation time. Did not have the ability to take all the time with the office move and renovations.

Will be able to use time next year.

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

Date: March 14/24
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.