

NISHNAWBE-ASKI LEGAL SERVICES CORPORATION VACATION CARRY-OVER REQUEST

Date:	March 15, 2024		
Name of Employee:	Angus Miles		
Position:	CRRW		
Supervisor:	Renzo Caron		
Program:			
VACATION CREDITS			TAKEN
		REASON FOR CARE	RY-OVER AND DATE TO BE TAKEN
Carry-over balance: No. of days requested:	5	Sprang goose	hut on May.
Employee's Signature	Gala		Date: March 15,2024
	la la	to. St.	Data
Supervisor's Signature	_ rale	MES	Date:
Executive Director			

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.

Date:

- 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.

Signature