



**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
VACATION CARRY-OVER REQUEST**

Date:	February 9, 2024
Name of Employee:	Heather Napash
Position:	Talking Together Facilitator
Supervisor:	Carol Buswa
Program:	Talking Together Program

VACATION CREDITS

Carry-over balance: _____
 No. of days requested: **5**

REASON FOR CARRY-OVER AND DATE TO BE TAKEN

I didn't use my vacation hours and I have an excess number of hours that I need to take during the month of March 2024.

I will use the 5 days carried over during the month of July 2024.

Employee's Signature *HNapash* Date: Feb 9, 2024

Supervisor's Signature *CBuswa* Date: Feb 9, 2024

Executive Director Signature _____ 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.