



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

VACATION CARRY-OVER REQUEST

Date:	March 12, 2024
Name of Employee:	Alana Odawa-Lindstone
Position:	VWL Manager
Supervisor:	Chantelle Johnson
Program:	VWL Program

VACATION CREDITS

Carry-over balance:
No. of days requested:

~~22.16~~
~~3~~
4.52 hrs.

REASON FOR CARRY-OVER AND DATE TO BE TAKEN

Please carryover

Employee's Signature

Alana Odawa-Lindstone

Date: March 12, 2024

Supervisor's Signature

Chantelle Johnson

Date: March 12 2024

Executive Director
Signature

Date: _____

12) Carrying Over Vacation Leave

- 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.
- 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.
- 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.