



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

Date:	<b>March 8, 2024</b>
Name of Employee:	<b>Brianna Owen</b>
Position:	<b>Community Release &amp; Reintegration Worker</b>
Supervisor:	<b>Renzo Caron</b>
Program:	

**VACATION CREDITS**

Carry-over balance: 5 hrs  
No. of days requested: 0

**REASON FOR CARRY-OVER AND DATE TO BE TAKEN**

**I am planning to use the remaining 5 vacation hours for the Women's Broomball Tournament at Dryden on April 2, 2024 to April 5, 2024. I will use new credits to make up the rest of leave.**

Employee's Signature Brianna Owen

Date: March 8, 2024

Supervisor's Signature 

Date: 08 MAR 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.