



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

VACATION CARRY-OVER REQUEST

Date:	March 12/24
Name of Employee:	Don Scinnawap
Position:	CLW
Supervisor:	Doreen Stone
Program:	LAD

VACATION CREDITS

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

REASON FOR CARRY-OVER AND DATE TO BE TAKEN

Unable to use Vacation this fiscal year.

Employee's Signature [Signature] Date: March 12/24
Supervisor's Signature [Signature] Date: March 12/24
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.