



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
VACATION CARRY-OVER REQUEST


Date:	February 21, 2024
Name of Employee:	Doreen Stone
Position:	Manager of Legal Aid
Supervisor:	Renzo Caron
Program:	LAO

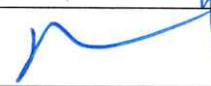
VACATION CREDITS

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

REASON FOR CARRY-OVER AND DATE TO BE TAKEN

**Cannot use the vacation with my staff being off.
 Will use in mid April to take off the books.**

Employee's Signature *Doreen Stone*  Date: February 21, 2024

Supervisor's Signature  Date: 13. Mar - 24

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.