



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

Date:	MARCH 12, 2024
Name of Employee:	DAVID SUTHERLAND
Position:	CRRW
Supervisor:	RENZO CARON
Program:	CRRW

VACATION CREDITS

Carry-over balance: 4
 No. of days requested: 4

REASON FOR CARRY-OVER AND DATE TO BE TAKEN

NOT BEING ABLE TO UTILIZE VACATION DAYS DUE TO WORK LOAD AND AS REQUIRED TO ATTEND TO SERIOUS COURT MATTERS, (ESPECIALLY FOR SIMULTANEOUSLY TRANSLATED MATTERS)

Employee's Signature David Sutherland
 Supervisor's Signature [Signature]
 Executive Director Signature _____

Date: MARCH 12, 2024
 Date: 24-MAR-12
 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.