



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

Date:	March 18, 2024
Name of Employee:	Zelda Watt
Position:	Assistant/Coordinator
Supervisor:	Carol Buswa
Program:	Talking Together

**VACATION CREDITS**

Carry-over balance: \_\_\_\_\_  
No. of days requested: \_\_\_\_\_

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

No time to take vacation prior to March 29/24.

Employee's Signature

*Zelda Watt*

Date:

*March 18/24*

Supervisor's Signature

\_\_\_\_\_

Date:

\_\_\_\_\_

Executive Director  
Signature

*[Signature]*

Date:

*March 19/24*

**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.