



**NIKKI'S
CHRISTIAN ACADEMY**
FAITH.....EXCELLENCE.....FAMILY

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LEAVE REQUEST FORM

Employee Information: Please submit at least **2 weeks in advance**, except in cases of emergency or illness.

Date of Request: _____ Name: _____ Room/Group: _____

Leave Details

☐ Sick Leave ☐ Vacation ☐ Personal Day ☐ Emergency ☐ Other: _____

Date(s) of Leave Requested: _____ Substitute: _____

Staff member substituting has agreed to do my assigned day of center work. He / She is expected to maintain a clean, safe, and organized learning environment. Responsibilities include but are not limited to: Sweep/mop/vacuum floors, clean and restock bathrooms and handwashing areas, empty trash and disinfect. in all assigned areas.

Person Responsible Signature

I submit the following possible solutions for meeting my responsibilities during my absence.

☐ I Would like to apply _____ hours toward my time off.

☐ I will take leave without pay

Employee Signature: _____

Date: _____

Supervisor Approval:

☐ Approved

☐ Not Approved for the following reason(s): _____

Supervisor Signature: _____

Date: _____