**APPLICATION FOR LEAVE**

1. Name of Officer:
2. Department of study:
3. Designation:
4. Date of first appointment:
5. Period for which leave is required:
6. Type of leave required:
7. Sabbatical Leave:
8. Leave to attend Seminars/Conference and Training Programmes
9. Vacation Leave: (During University Holidays)
10. Medical Leave:
11. Casual Leave:
12. Special Leave:
13. Maternity Leave:
14. Leave to serve this Government of Sri Lanka:
15. Study Leave:
16. Purpose for which leave is required:

9. Date of commencement and termination of leave:

10. Particulars of all overseas leave taken previously:

|  |  |  |
| --- | --- | --- |
| **Period with dates** | **Purpose**  | **place** |
| **From** | **To** |  |  |
| a. |  |  |  |
| b. |  |  |  |
| c. |  |  |  |
| d. |  |  |  |
| e. |  |  |  |

11. Particulars of work applicant propose to do during period of leave:

12. Address / overseas address of applicant during period ofleave:

13. Arrangements to cover applicant's during absence:

a. Teaching:

b. Other work:

14. Whether applicant has fulfilled all obligations regarding examinations and teaching work:

Details:

15. Follow up action applicant intends taking on return (wherever applicable):

16. Whether expenses are met by the university/ applicant or from other source:

|  |  |
| --- | --- |
| Date: | ………………………….Signature of applicant |

**To BE FILLED BY THE HEAD OF DEPARTMENT**

Particulars of staff in the department;

Total number of teachers in the department

1. confirmed:
(b) probationers:

Total number of teachers on leave during the period of applicable:

(a) Confirmed:

(b) Probationers:

Whether arrangements to cover applicant work satisfactory / or not:

Whether applicant has fulfilled obligations regarding examinations and other work:

Give details:

Leave is recommended *l* not recommended

|  |  |
| --- | --- |
| Date: | ……………..…………………….Signature of Head of Department |

Recommendation And/ or observations of Dean:

|  |  |
| --- | --- |
| Date: | ………………………Signature of Dean |

Leave approved / not approved

|  |  |
| --- | --- |
| Date: | ……………………Vice Chancellor |