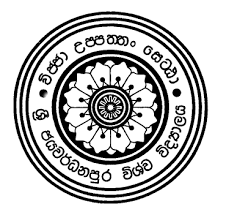
**University of Sri Jayewardenepura**

**APPLICATION FOR CONFERENCE/ SEMINAR/ TRAINING**

**AND OTHER LEAVE**

**AE/L/03**



1. **Basic Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Name |  | | |
| 2 | Designation |  | | |
| 3 | Department |  | | |
| 4 | Faculty |  | | |
| 5 | Email |  | 6. Mobile |  |

1. **Leave type**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CONFERENCE | SEMINAR | TRAINING | WORKSHOP | OFFICIAL | SPECIAL |
|  |  |  |  |  |  |

1. **Dates and duration of the Leave/s requested**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From | | | | | | To | | | | | | Duration | | | |
| **D** | **D** | **M** | **M** | **Y** | **Y** | **D** | **D** | **M** | **M** | **Y** | **Y** | Months |  | days |  |

1. **Details pertaining to the leave request on above (relevant documents should be attached)**

\*if applicable

|  |  |  |  |
| --- | --- | --- | --- |
| Details | From | To | Country \* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**………………………………………………………………………………………………………...………………………………………………………………………………………………………...………………………………………………………………………………………………………...………………………………………………………………………………………………………...**

1. **Record of previous conference/ seminar leave taken during the current Academic Year (if any)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | From | To | Countries Visited (if any) | Details in brief |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

1. **Arrangements made to cover applicant’s work during the period of leave, in respect of.**

|  |  |  |
| --- | --- | --- |
| Description | Name of the person nominated | Signature |
| (a) Teaching |  |  |
| (b) Administrative Work |  |  |
| (c) Other |  |  |

**Applicant’s Declaration.**

I undersigned certify that the details provided in this form are accurate and the requested vacation leave fall/ does not fall within the faculty's academic calendar. Time table and relevant documents are attached.

Date: ………………… Signature of the Applicant

|  |  |  |  |
| --- | --- | --- | --- |
| **Recommendation of the Head of the Department** | | | |
| (i) Whether adequate staff available for the continuation of academic  programs during the period of applicant’s leave Yes **/**No | | | |
| (ii) Whether satisfactory agreements can be made to  cover applicant’s teaching activities and other commitments Yes **/**No | | | |
| (iii) Whether the applicant has completed all requirements  regarding examinations-related work Yes **/**No | | | |
| Leave is recommended |  | Not recommended\* |  |
| \*If not recommended please give reasons :  Any other remarks : | | | |

……………………………

Date: ………………… Signature of the Head of the Department (Official Seal)

|  |  |  |  |
| --- | --- | --- | --- |
| **Recommendation of the Dean of the Faculty** | | | |
| Leave is recommended |  | Not recommended |  |
| If not recommended please give reasons : | | | |

……………………………

Date: ………………… Signature of the Dean (Official Seal)

**Recommendation /Approval of the Vice - Chancellor**

1. Recommended to submit to Leave and Awards Committee

NO

YES

1. Approved subject to the covering approval of the council

NO

YES

Date: ………………… …………………………………

Signature of the Vice-Chancellor