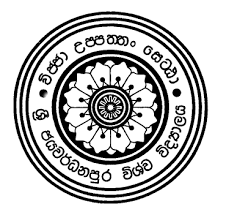
**University of Sri Jayewardenepura**

**APPLICATION FOR STUDY LEAVE**

***(For Academic and Academic Support Staff*)**

**AE/L/02**



1. **Basic Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Name : | | | | | | | | | | | |
| 2. | Designation : | | | | | | | | | | | |
| 3. | Department : | | | | | | | | | | | |
| 4. | Faculty : | 5. E-mail Address  1. | | | | | | 6.1 Passport No: | | | | |
| 6.2. Validity date up to: | | | | |
| 7 | Indicate whether fresh study leave or extension : | | | | | | | | | | | |
| 8. | Period of Study leave requested | | From | DD | MM | | YY | To | DD | MM | | YY |
| 9 | Type of Study Leave requested | | With pay : | | |  | | No pay : | | |  | |

1. **Details of the Study Leave**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title of the Degree: M.A./ M.Sc / MBA/ M.Phil. / M.D./ /PhD  **The placement offering letter and scholarship details should be attached to this application** | | | | | | | | | |
| **University** or **the Institute** |  | | | | | | | | |
| Country |  | | | | | | | | |
| Field of study |  | | | | | | | | |
| Relevancy and details of the study program : | | | | | | | | | |
| **Funding type** | Self-Funding |  | | | | Scholarship | |  | |
| Scholarship offering agency and amount 1 *(if applicable)* |  | | | | | | | | |
| Scholarship offering agency and amount 2 *(if applicable)* |  | | | | | | | | |
| If Source of funds is from a project, please indicate the name of the project *(if applicable)* |  | | | | | | | | |
| Any other details |  | | | | | | | | |
| **If you are not receiving any scholarship, airfare or warm cloth allowance from any University, Institute, agency or project, please attach a separate document certifying that you will not be receiving any funds mentioned above from the placement offering University, Institute or any other agency.** | | | | | | | | | |
| Requesting Air Passage from this University | | | YES | |  | | NO | |  |
| Requesting Warm Cloth allowance from this University | | | | YES |  | | NO | |  |  | NO |  |

1. **Record of previous study leave (with pay) or (no pay) taken. (if any)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Degree  University/Institute | Duration with dates | | | | with pay or no pay | Completed  or  Not |
| 1. |  | From |  | YY | MM | With pay |  |
| To |  | No pay |
| 2. |  | From |  | YY  YY | MM  MM | With pay |  |
|  |  | To |  | YY | MM | No pay |  |
|  |  | From |  | YY  YY | MM  MM | With pay |  |
| 3. |  | To |  |  |  | No pay |  |

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

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

1. **Handling of**

|  |  |
| --- | --- |
| 1. Library book, Computer or any other properties | Make Arrangements  Not Make Arrangements |
| 1. Paying of Loans taken from University of UPF (Application when take no pay leave only) | Make Arrangements  Not Make Arrangements |

**Applicant’s Declaration.**

I undersigned certify that the details provided in this form are accurate Details of the programme and other 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 served at least one(01) year in the Department? Yes **/**No | | | |
| Leave is recommended |  | Not recommended\* |  |
| \*If not recommended please give reasons :  Any other remarks :  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)

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