**AE/L/04**

**University of Sri Jayewardenepura**

**APPLICATION FOR VACATION LEAVE**

 

1. **Basic Information**

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

1. **Details of vacation leave requested**

|  |  |  |
| --- | --- | --- |
| Commencement date  | Completion date | Duration |
| **D** | **D** | **M** | **M** | **Y** | **Y** | **D** | **D** | **M** | **M** | **Y** | **Y** | Months |  | days |  |
| **Whether this leave request falls within the Vacation period of the Faculty** | **Yes** | **No** | **vacation period of the Faculty****(Please attach a copy of the Academic Calendar)** | **D** | **D** | **M** | **M** | **Y** | **Y** |
| **D** | **D** | **M** | **M** | **Y** | **Y** |

1. **Purpose of the Vacation Leave and any other remarks**

**……………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………**

1. **If the above Vacation Leave is to be spent overseas, please provide details**

|  |  |
| --- | --- |
| Country | Dates of travel *(if differ from above section: 2)* |
|  | From |  | To |  |
|  | From |  | To |  |
|  | From |  | To |  |

1. **Record of previous Vacation leave taken during the current Academic year (if any)**

|  |  |  |
| --- | --- | --- |
|  | From | To |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

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

|  |  |  |
| --- | --- | --- |
| Description | Name of the person nominated |  Signature of the nominee |
| (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** |
| **Whether the requested leave period falls within the vacation period of Academic Calendar** **If No,**NoYes (i) Whether adequate staff available for the continuation of academic NoYes programs during the period of applicant’s leave  |
| (ii) Whether arrangement has been 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