

## UNIVERSITY OF JAFFNA, SRI LANKA

## APPLICATION FOR OVERSEAS MEDICAL LEAVE/OVERSEAS LEAVE DURING VACATION/LEAVE TO ATTEND CONFERENCE OR TRAINING PROGRAMME

1. Name of applicant:		
Designation:		
Department/Branch:		
Date of appointment:		
2. Record of previous leave taken during the current academic year.		
Duration with dates	Type of Leave (Conference/Training/ Country visited Study/Sabbatical/Vacation)	
(b)		
(c)		
	d certified by the Senior Assistant Registrar/Assistant Registrar of the	
relevant Faculty)		
3. Period of leave requested :		
From:	To:	
4. Type of leave requested	(a) Leave during vacation	
	(b) Medical Leave	
	(c) Conference Leave/Training Programme Leave	
	(d) No pay Leave	
(supporting documents to be enclosed)		
5. Whether total/part expenses of travel and maintenance are met by the Applicant / Awarding Agency		
(Give details with supporting documents):		
6. a. Where leave will be spent:		
b. Work applicant intends carrying out during the period of leave ( <i>Please give outline</i> ):		
7. Contact address of applicant during the period of leave:		
(Please note that any change communicated to the Senior Academic Establishments w	Assistant Registrar/	
8. Arrangements made to cove	r applicant's work during the period of leave, in respect of:	
(a) Teaching:		
(b) Administrative work:		
(c) Other work		

09. Whether applicant has completed all teaching assignment and examination work ( <i>Give details</i> ):		
10.41:61:32:61:12:41:41		
10. A brief description of how applicant intends to make use of the experience he/she gains to further his/her academic development and also benefit the University ( <i>where relevant only</i> ):		
11. Date:		
	Applicant's Signature	
Passport No:		
12. (To be completed by Head of Department/E	Branch)	
Details of Staff:		
(i) Whether adequate staff are available for a	academic programmes during the period of applicant's leave:	
(11) Whether satisfactory arrangements has b and other work:	een/ can be made to cover applicant's teaching programme	
(iii) Whether applicant has completed all req	quirements regarding examinations and other work:	
Leave is recommended/not recommended		
	Signature of Head of Department/Branch	
13. Observation of Dean:		
Date:	Signature of Dean/ Faculty of	
14. Vice-Chancellor's observations/recommenda	ation:	
,		
Date:		
	Signature of Vice-Chancellor	
16. Approval of the Council		
Decision of the Council: Allowed/not allow Date of the Council Meeting:	ved	
Confirmed the decision by the Council on:		
Date:		
	Deputy Registrar/ Academic Establishments	