

Wayamba University of Sri Lanka

Kuliyapitiya

TRAINING PROGRAMME/CONFERENCE/VACATION/NO PAY LEAVE (SPECIAL) APPLICATION FORM FOR ACADEMIC STAFF

1.0 Personal Information

1.1	Name:					
1.2	Designation:					
1.3	Department:					
1.4	Faculty:					
1.5	Date of first appointment	Day	Month	Year	1.7	No. of years of service
1.6	Date of Birth	Day	Month	Year	1.8	Age (Years)

2.0 Information on the Award/Fellowship/Scholarship/Training Programme

2.1	Title of the Award (Fellowship/Scholarship/Training Programme etc.)					
2.2	Donor Agency					
2.3	Source of funding (Please tick only one box)	Through ERD	From Project	Donor Direct	Self Financed	GOSL
2.4	If Source of funds is from a project please indicate the name of the project					

2.5	Country and place	ee of training			
2.6	Field of study				
2.7	Procedure adopte	ed for selection			
2.8	Date of commend	cement of leave			
2.9	Date of completi	on of leave			
3.0	Гуре of leave appl	lied (Please tick l	boxes)		
3.1 Training Programme Leave3.2 Conference Leave3.3 Vacation Leave3.4 No Pay (Special Leave)3.5 Other (please specify)		eave ve cial Leave)	Please note that according to Current guidelines no leave will be provided beyond the period accepted.		to Current s no leave provided
4.0 Re	ecord of previous	leave taken duri	ng the current ac	ademic year.	
Duration with dates (Conference/I			Type of Leave aining/Study/Sabb	patical/Vacation)	Place
(a)					
(b)					
(c)					
(d)					
(e)					
(f)					

Note:- a. Leave permitted during an academic year:

Academic Establishments)

(g)

- i. 30 days for Conference/Workshop/Seminars
- ii. 30 days for training programmes.

Provided that the total leave for i & ii should not be exceed 45 days.

b. Vacation Leave is granted only during the Vacation of the Faculty and will be for a maximum period of three months.

(Particulars to be checked and certified by the Senior Assistant Registrar/Assistant Registrar

Please note that according to current guidelines no leave can be permitted beyond the period stipulated

5.0 Arrangements to cover the work during leave period.

7.1

Date

Month

Year

Res	ponsibility	Person undertakir responsibility	ng to cover the	Signature of the Head of Department
		Name	Signature	
5.1 Lectures/Tu	itorials/Examinations	S		
5.2 University I	Research Grants			
5.3 Other Resea	arch Grants			
5.4 Undergradu Projects	nate/Postgraduate			
1 undersigned	d certify that details p	provided in this form	are accurate.	
Tundersigned	d certify that details p	provided in this form	are accurate.	
5.1 Date	Month			
	Month		6.2 Signature of the	
5.1 Date	Month	Year	6.2 Signature of the the Department	
5.1 Date	Month	Year tion of the Head of	6.2 Signature of the the Department	
5.1 Date 7.0 Leave is 1	Month Recommenda	Year Ition of the Head of (Please tick a box) Not recommend	6.2 Signature of the the Department	
5.1 Date 7.0 Leave is 1	Month Recommenda recommended	Year Ition of the Head of (Please tick a box) Not recommend	6.2 Signature of the the Department	
5.1 Date 7.0 Leave is 1	Month Recommenda recommended	Year Ition of the Head of (Please tick a box) Not recommend	6.2 Signature of the the Department	
5.1 Date 7.0 Leave is 1	Month Recommenda recommended	Year Ition of the Head of (Please tick a box) Not recommend	6.2 Signature of the the Department	

7.2 Signature of the Head of the Department

8.0	Recommen	dation	n of the De	an of the Fac	culty			
	(Please tick a box)							
	Leave is recommended	N	Not recommended					
If not	recommended please give reason	ons						
						•••••		
8.1	Date Month	Y	ear	8.2	Signature of the I	Dean		
9.0	Verification by	the A	cademic F	Establishmen	t Branch			
Obse	Information provided above verified correct according personal file	to	Signature: Date:	he Subject Cl	erk:			
9.1	Date Month	Y	ear	9.2 Signa	ture of the SAR/AI			
10.0	Recomm	nenda	tion of the	Vice-Chance	ellor			
	(Please tick a box)							
	Leave is recommended		Not recommended					
If n	ot recommended please give rea	asons						
10.1	Date Month	Yea	r	10.2 Signat	ture of the Vice-Ch	ancello		