

# Wayamba University of Sri Lanka

# Kuliyapitiya

### **APPLICATION FOR STUDY LEAVE**

### Lecturer (Probationary) / Senior Lecturer

#### 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<br>years of<br>service |
| 1.6 | Date of Birth             | Day | Month | Year | 1.8 | Age<br>(Years)                |

### 2.0 Record of previous leave taken during the current academic year.

| Duration with dates | Type of Leave (Conference/Training/Study/Sabbatical/Vacation) | Place |
|---------------------|---|-------|
| (a)                 |   |       |
| (b)                 |   |       |
| (c)                 |   |       |
| (d)                 |   |       |
| (e)                 |   |       |
| (f)                 |   |       |
| (g)                 |   |       |

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

# ${\bf 3.0\ Information\ on\ the\ Award/Fellowship/Scholarship/Training\ Programme}$

| 3.1          | Title of the Award<br>(Fellowship/Scholarship/T | raining   |            |         |        |          |                         |
|--------------|---|-----------|------------|---------|--------|----------|-------------------------|
|              | Programme etc.)                                 |           |            |         |        |          |                         |
| 3.2          | Donor Agency                                    |           |            |         |        |          |                         |
|              | G CC II   |           | Through    | From    | Donor  | Self     | COGI                    |
| 3.3          | Source of funding (Please tick only one box)    |           | ERD        | Project | Direct | Financed | GOSI                    |
|              | (Fredse tiek only one box)                      |           |            |         |        |          |                         |
| 2.4          | If Source of funds is from                      |           |            |         |        |          |                         |
| 3.4          | project please indicate the name of the project |           |            |         |        |          |                         |
| 3.5          | Country and place of training                   |           |            |         |        |          |                         |
| 3.6          | Field of study                                  |           |            |         |        |          |                         |
| 3.7          | Procedure adopted for selection                 |           |            |         |        |          |                         |
| 3.8          | Date of commencement of leave                   |           |            |         |        |          |                         |
| 3.8          |   |           |            |         |        |          |                         |
|              | Date of completion of leav                      | 7e        |            |         |        |          |                         |
| 3.9          | rangements made to cover                        | r applica | nts work d |         |        |          | <b>respect</b><br>ature |
| 3.9<br>.0 Ar | rangements made to cover                        | r applica |            |         |        |          | _                       |
| 3.9<br>.0Ar  | rangements made to cover                        | r applica |            |         |        |          | _                       |

# I undersigned certify that details provided in this form are accurate. Month Year 6.2 Signature of the applicant 6.1 Date **Recommendation of the Head of the Department** 7.0 (i) Whether adequate staff available for Yes ..... No ..... Programmes during the period of applicant's leave (ii) Whether satisfactory agreements can be made to Yes ..... Cover applicant's teaching programme and other No ..... (iii) Whether applicant has completed all requirements Yes ..... Regarding examinations and other work No ..... Leave is recommended Not recommended If not recommended please give reasons 7.1 Year Date Month 7.2 Signature of the Head of the Department **Recommendation of the Dean of the Faculty** 8.0 (Please tick a box) Leave is recommended Not recommended If not recommended please give reasons

6.0 Applicants Declaration.

8.1

Date

Month

Year

8.2

Signature of the Dean

| 9.0                  | Verification by the Academic Establishment Branch |   |               |                 |                                   |                                  |  |  |  |
|----------------------|---|---|---------------|-----------------|-----------------------------------|----------------------------------|--|--|--|
|                      | Information pr                                    | rovided al                              | ove is        | Name            | of the                            | Subject Clerk:                   |  |  |  |
|                      | verified corre                                    |   |               |                 | 01 1110                           | Subject Clerk!                   |  |  |  |
|                      | verified correct according to personal file       |   |               |                 | Signature:                        |                                  |  |  |  |
|                      |   |   |               |                 |                                   |                                  |  |  |  |
|                      |   |   | Date:         | Date:           |                                   |                                  |  |  |  |
| Obse                 | Observation of SAR/AR (Academic                   |   |               |                 | Names and Addresses of Guarantors |                                  |  |  |  |
| Estab                | olishment)  |   |               | 1               | • • • • • • • •                   |                                  |  |  |  |
| 1. Sur               | ety Bond signed                                   | by the appl                             | icant         |                 |                                   |                                  |  |  |  |
|                      | Yes N   | Го                                      |               |                 | •••••                             |                                  |  |  |  |
| 2. Bo                | nd Value  |   |               | 2               | • • • • • • •                     |                                  |  |  |  |
| Rs.                  |   | · <b></b>                               |               | •••••           |                                   |                                  |  |  |  |
| (in v                | vords)  |   |               | •••••           | •••••                             |                                  |  |  |  |
| ( ,                  | , 51 45)  |   |               | 3               | 3                                 |                                  |  |  |  |
| • • • •              |   | • |               |                 |                                   |                                  |  |  |  |
|                      |   |   |               | •••••           | •••••                             |                                  |  |  |  |
| ••••                 |   | ••••••                                  | • • • • • • • |                 |                                   |                                  |  |  |  |
|                      |   |   |               | 4               | 4                                 |                                  |  |  |  |
|                      |   |   |               | 7               | 4                                 |                                  |  |  |  |
|                      |   |   |               |                 |                                   |                                  |  |  |  |
|                      |   |   |               |                 |                                   |                                  |  |  |  |
|                      |   |   |               |                 |                                   |                                  |  |  |  |
|                      |   |   |               |                 |                                   |                                  |  |  |  |
|                      |   |   |               |                 |                                   |                                  |  |  |  |
|                      |   |   |               |                 |                                   | •••••                            |  |  |  |
| 9.1                  | Date Month Y                                      |   |               |                 |                                   | 9.2 Signature of the SAR/AR (AE) |  |  |  |
| 10.0                 | Recommendation of the Vice-Chancellor             |   |               |                 |                                   |                                  |  |  |  |
|                      |   |   |               |                 |                                   |                                  |  |  |  |
|                      |   | (F                                      |               |                 |                                   | Please tick a box)               |  |  |  |
| Leave is recommended |   |   |               | Not recommended |                                   |                                  |  |  |  |
| If n                 | ot recommended                                    | please give                             | reasons       | ı               |                                   |                                  |  |  |  |
|                      |   |   |               |                 |                                   |                                  |  |  |  |
|                      |   |   |               |                 |                                   |                                  |  |  |  |
|                      |   |   |               |                 |                                   |                                  |  |  |  |
|                      |   |   |               |                 |                                   |                                  |  |  |  |
| L                    |   |   |               |                 |                                   | •••••                            |  |  |  |