

**GAMPAHA WICKRAMARACHCHI UNIVERSITY OF INDIGENOUS MEDICINE,
SRI LANKA
APPLICATION FOR STUDY LEAVE/SABBATICAL LEAVE/ OVERSEAS LEAVE**

1. Name of Applicant :

2. Designation :

3. Department /Faculty/ Division :

4. Date of First Appointment :

Date of Appointment to the Present Post:

5. Contact No :

E-Mail :

6. Type of leave required:

Sr. No.	Type of Leave	With Pay (✓)	Without Pay (✓)
I	Study Leave Overseas <input type="checkbox"/> Local <input type="checkbox"/>		
II	Sabbatical Leave		
III	Personal Leave to travel abroad		
IV	Purpose of Study or taking up employment		

7. Purpose for which Leave is required (in detail):
(attach relevant documents)

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8. Date of commencement and Termination of leave :

From : To :

No of days: months..... days..... years

(Full Time/ days per week)

9. Particulars of leave (Section 06 above) taken:

(Attach a separate sheet if space provided is not sufficient)

Sr. No.	Period with Dates		No of Days	Type of leave	Purpose	Place
	From	To				
I						
II						
III						
IV						
V						
VI						
VII						
VIII						
IX						
X						

Annual Leave balance: Sabbatical Leave balance:

Without Pay Leave Balance : Study Leave balance:

Above details are true and correct

Checked by

(Leave clerk)

Recommended by:

(Senior Assistant Registrar /Assistant Registrar)

10. Particulars of work the applicant proposes to do during period of leave.

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11. Address / Overseas Address of applicant during period of leave:

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12. Arrangements to cover applicant's duties during absence:

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13. Whether applicant has fulfilled all obligations regarding assigned duties:

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14. Follow up action that the applicant intends to take on return (if applicable)

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15. Whether expenses during leave are met by the University/applicant/or from any other source:

Give details:

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Date:

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Signature of the Applicant

TO BE FILLED BY THE HEAD OF THE DEPARTMENT:

16. Recommendations of the Head of Department

16 a. Work assigned to the applicant:

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16 b. Whether arrangements to cover applicant's work during leave are satisfactory or not :

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16 c. Whether the applicant has fulfilled obligations regarding work assigned to him/her :

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16 d. Whether the University has to bear an additional expenditure for covering the applicant's work (if so, sources of funding, ect.):

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16 e. Leave is recommended / not recommended.

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Date

Signature of Head of Department

Name:

17. Recommendation and / or observations of Dean.

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Date

Signature of Dean

Name:

18. Observations of Senior Assistant Registrar/Assistant Registrar (Establishment).

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Date

Signature of SAR/AR (Estb.)

Name:

19. Observations of the Registrar.

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Date

Signature of the Registrar

20. Recommendations of Leave and Awards Committee

The Leave and Awards Committee at its _____ meeting held on _____
recommended/ not recommended the request.

Leave is not recommended due to following reasons.

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Date

Signature of the Secretary/ L&AC

21. Approval of the Vice Chancellor.

As per the recommendations made by Leave and awards committee,

Leave is approved (subject to approval of the Council)

Council Meeting No.: _____

Date: _____

Leave is not approved due to following reasons.

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Date

Signature of the Vice Chancellor