

**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	Special Leave to accept Prestigious Fellowship		
IV	Leave to Techers to attend Seminars, conferences & Workshops and Training Programmes		
V	Leave During Vacations for Teachers		
VI	Leave to serve the Government of Sri Lanka		
VII	Casual Leave		
VIII	Medical Leave		
IX	Leave Without Pay on grounds of illness/ very urgent personal reasons		
X	Leave to work in the Industry		
XI	Duty Leave		

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..... 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						

Bal. of Leave during Vacation : ..... Sabbatical Leave balance: .....

Casual Leave Balance: ..... Study Leave balance: ..... Medical 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:

- (a) Teaching : .....
- (b) Examinations: .....
- (c) Other Works:.....

13. Whether applicant has fulfilled all obligations regarding examinations and teaching work::

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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 in full:

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Date:

Signature of the Applicant

TO BE FILLED BY THE HEAD OF THE DEPARTMENT:

16. Recommendations of the Head of Department

16 a. Subject areas 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 academic and other work assigned to him/her:

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16 d. Whether the University has to bear an additional expenditure for visiting lecturers 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