**APPLICATION FOR OVERSEAS LEAVE – UNIVERSITY OF RUHUNA**

1. Name of Officer:
2. Department:
3. Designation:
4. Date of first appointment:
5. Period for which leave is required:
6. Type of leave required:
7. Sabbatical Leave:
8. Leave to attend Seminars/Conference and Training Programmes

Have you attended this same seminar/ conferences/ workshop/ training programme/ annual meeting/ during previous years? Yes/No

If yes, what is the justification for attending this seminar/ conferences / workshop / training programme / annual meeting again?

(This section 6. II must be completed by the applicant in accordance with cabinet decision of 16.06.2010)

1. Vacation Leave: (During University Holidays)
2. Medical Leave:
3. Casual Leave:
4. Special Leave:
5. Maternity Leave:
6. Leave to serve this Government of Sri Lanka:
7. Study Leave:
8. (a) awarding agency:

(Attach one copy of the awarding letter)

(b) Country:

(c) Place:

8. Benefit of award to applicant / department / faculty / institution:

9. Date of commencement and termination of leave:

10. Particulars of all overseas leave taken previously:

|  |  |  |  |
| --- | --- | --- | --- |
| **Period with dates** | | **Purpose** | **place** |
| **From** | **To** |  |  |
| a. |  |  |  |
| b. |  |  |  |
| c. |  |  |  |
| d. |  |  |  |
| e. |  |  |  |

11. Particulars of work applicant propose to do during period of leave:

12. Address / overseas address of applicant during period of leave:

13. Arrangements to cover applicant's during absence:

a. Teaching:

b. Other work:

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

Details:

15. Follow up action applicant intends taking on return (wherever applicable):

16. Whether expenses are met by the university/ applicator from other source:

|  |  |
| --- | --- |
| Date: | ………………………….  Signature of applicant |

**To BE FILLED BY THE HEAD OF DEPARTMENT**

Particulars ofstaff in the department;

Total number of teachers in the department

1. confirmed:   
   (b) probationers:

Total number of teachers on leave during the period of applicable:

(a) Confirmed:

(b) Probationers:

Whether arrangements to cover applicant work satisfactory / or not:

Whether applicant has fulfilled obligations regarding examinations and other work:

Give details:

Leave is recommended *l* not recommended

|  |  |
| --- | --- |
| Date: | ……………..…………………….  Signature of Head of Department |

Recommendation And/ or observations of Dean:

|  |  |
| --- | --- |
| Date: | ………………………  Signature of Dean |

Leave approved / not approved

|  |  |
| --- | --- |
| Date: | ……………………  Vice Chancellor |

**'APPLICATION FOR PERMISSION FOR TRAVEL ABROAD**

1. Name & Designation :
2. Countries to be visited and purpose :
3. (i) Date of Departure :

(ii) Date of Return :

(iii) Dates of the Conference, :  
Seminar Study tour etc.

(iv) If several countries are to be :

visited dates· of stay in each country

(v) Total duration of stay abroad :

(i.e. number of days)

(d) Whether the, visits are private or official :

(e) If official, whether representation is not, :

possible by our mission abroad, if so why?

(f) How cost are to be met? :

(i) Sri Lanka Government

(give details)

(ii) *As* a guest of a foreign Government :

(give details)

(iii) Financed by an international agency :

(give details)

(iv) Other source (specify) :

(g) Facilities expected from Sri Lanka missions :

abroadeg: Hotel, bookings, food,

accommodation, 'transport etc&the

approximate .cost

(h) Foreign exchange. Required :

(i) State expense :

(ii) Personal' expense :

1. Detailed description of the benefits that will :

come to the country, justifying the visit and

its cost

(j) (i) Number of trips abroad made during :

the current year and previous year

Current Year

Previous Year

1. Whether the report in respect of the :

last official trip has been submitted

to the approving authority

(k) Acting arrangement relevant to the proposed :

visit:

|  |  |
| --- | --- |
| Date:…………………………. | ………………………………………….  Signature of applicant |

Recommended and forwarded

|  |  |
| --- | --- |
| Date:…………………………. | ………………………………………….  Signature of applicant |

My Ho. Minister has approved this nomination.

|  |  |
| --- | --- |
| Date:………………………… | Signature:………………………………...  Secretary/Ministry……………………….. |

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Whether applicant hasfulfilled obligations regarding examinations and other work:

Give details:

Leave is recommended *l* not recommended

|  |  |
| --- | --- |
| Date: | ……………..…………………….  Signature of Head of Department |

Recommendation And/ or observations of Dean:

|  |  |
| --- | --- |
| Date: | ………………………  Signature of Dean |

Leave approved / not approved

|  |  |
| --- | --- |
| Date: | ……………………  Vice Chancellor |

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(ie number of days)

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|  |  |
| --- | --- |
| Date:…………………………. | ………………………………………….  Signature of applicant |

Recommended and forwarded

|  |  |
| --- | --- |
| Date:…………………………. | ………………………………………….  Signature of applicant |

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|  |  |
| --- | --- |
| Date:………………………… | Signature:………………………………...  Secretary/Ministry……………………….. |