

**LEAVE ADVICE FORM**  
(When leave in excess of one week)

*(Completed form to be sent by e-mail to the respective Senior Lecturer / Consultant of Industrial Training Division and/or Departmental Senior Lecturer Coordinating Industrial Training, University of Moratuwa. In addition, hard copy of the same to be sent to Director, Industrial Training, Faculty of Engineering, University of Moratuwa)*

1. Name of Undergraduate : \_\_\_\_\_
2. (a) Training Stage <sup>(1)</sup> : Semester 6 / Repeat
- (b) Field <sup>(1)</sup> : 

BM	CH	CE	CS	EE	EN	MT	ME	ER	TT	TLM
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3. Establishment attached to :

4. Exact place of work :

5. Leave already taken during current training period: 

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5. Number of days leave applied for:

Leave

Casual	Sick
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From

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To

6. Has the leave been granted by the Establishment <sup>(1)</sup>

Yes	No
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<sup>(1)</sup> - Delete what is not applicable

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Date

.....  
(Signature of Undergraduate)

This form is solely for the information of the University Staff who are expected to visit the Training Establishments for training inspections. It does not replace the standard leave application form and procedures of the Training Establishment to which the Undergraduate needs to adhere.