



# Wayamba University of Sri Lanka

## Kuliyapitiya

### TRAINING PROGRAMME/CONFERENCE/VACATION/NO PAY LEAVE (SPECIAL) APPLICATION FORM FOR ACADEMIC STAFF

#### 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 years of service
1.6	Date of Birth	Day	Month	Year	1.8	Age (Years)

#### 2.0 Information on the Award/Fellowship/Scholarship/Training Programme

2.1	Title of the Award (Fellowship/Scholarship/Training Programme etc.)					
2.2	Donor Agency					
2.3	Source of funding (Please tick only one box)	Through ERD	From Project	Donor Direct	Self Financed	GOSL
2.4	If Source of funds is from a project please indicate the name of the project					

2.5	Country and place of training	
2.6	Field of study	
2.7	Procedure adopted for selection	
2.8	Date of commencement of leave	
2.9	Date of completion of leave	

### 3.0 Type of leave applied (Please tick boxes)

- 3.1 Training Programme Leave
- 3.2 Conference Leave
- 3.3 Vacation Leave
- 3.4 No Pay (Special Leave)
- 3.5 Other (please specify)

Please note that according to Current guidelines no leave will be provided beyond the period accepted.

### 4.0 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)

*Note:- a. Leave permitted during an academic year:*

- i. 30 days for Conference/Workshop/Seminars*
- ii. 30 days for training programmes.*

*Provided that the total leave for i & ii should not be exceed 45 days.*

*b. Vacation Leave is granted only during the Vacation of the Faculty and will be for a maximum period of three months.*

*Please note that according to current guidelines no leave can be permitted beyond the period stipulated*

**5.0 Arrangements to cover the work during leave period.**

Responsibility	Person undertaking to cover the responsibility		Signature of the Head of Department
	Name	Signature	
5.1 Lectures/Tutorials/Examinations			
5.2 University Research Grants			
5.3 Other Research Grants			
5.4 Undergraduate/Postgraduate Projects			

**6.0 Applicants Declaration**

I undersigned certify that details provided in this form are accurate.

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6.1 Date                      Month                      Year

6.2 Signature of the applicant

7.0	<b>Recommendation of the Head of the Department</b>		
	(Please tick a box)		
	Leave is recommended	<input type="checkbox"/>	Not recommended
If not recommended please give reasons			

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7.1 Date                      Month                      Year

7.2 Signature of the Head of the Department

