

GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY
APPLICATION FOR STUDY LEAVE/SABBATICAL LEAVE/SEMINAR
CONFERENCE LEAVE/OVERSEAS LEAVE

1. Name of Applicant :
2. Designation :
3. Department / Faculty :
4. Date of 01st appointment :
5. Date of present appointment :
6. Status of CTHE completion :
7. Contact No :
- E-Mail :
8. Type of leave required :

Sr. No.	Type of Leave	With Pay (√)	No Pay (√)
I	Study Leave Overseas <input type="checkbox"/> Local <input type="checkbox"/>		
II	Release for MD Training Overseas <input type="checkbox"/> Local <input type="checkbox"/>		
III	Sabbatical Leave Overseas <input type="checkbox"/> Local <input type="checkbox"/>		
IV	Overseas Leave to attend Seminars / Conferences / and Training Programmes (UGC Circular No: 710)		
V	Personal Overseas Leave		
VI	Other (Please specify)		

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

10. Date of commencement and termination of leave :
 From : To :
 No of days: months..... years
 (Full Time/ days per week)

11. Particulars of leave (Section 08 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						
XI						

* For Vacation/Seminar Conference leave include only the leave taken during current year.

* If applicant is requesting for lapsed leave should attach a leave summary.

Vacation Leave balance: Seminar/Conference Leave balance:

Casual Leave Balance: Study Leave balance:

Above details are true and correct

Checked by :
 (Leave clerk)

Certified by:
 Senior Assistant Registrar /
 Assistant Registrar

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

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

14. Arrangements to cover applicant's duties during absence (Attach consent letter separately)
- (a) Teaching (i). Name of the person covering up :
 (I agree to cover-up for the duties)
- Signature :
- (b) Other Work (ii). Name of the person covering up :
 (I agree to cover-up for the duties)
- Signature :
15. Whether applicant has fulfilled all obligations regarding examinations and teaching work:
- (a) Teaching:
- (b) Examination work:
- (c) Other work:
16. Follow up action that the applicant intends to take on return (if applicable)

17. Whether expenses during leave are met by the University/applicant/or from any other source :
 Give details:
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If financial assistance is required for Study leave/ Sabbatical leave/MD Training :

Type of finance assistance required	Amount (LKR/USD/GBP etc..)
Air Fare	
Course fee (Local Only)	
Any other expenses details to be give	

- ❖ For Air Fare Annex “A” should be filled and attached separately
- ❖ For course fee & other Annex “B” should be filled and attached separately

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Date:

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Signature of the Applicant

TO BE FILLED BY THE LEAVE & AWARDS COMMITTEE:

18. Recommendations of the Head of Department

18 a. Subject areas assigned to the applicant:

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18.b. Whether the post graduate course / research area is relevant to the subject areas assigned to the applicant: (for study leave requirement only)

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

- Teaching -
- Other work-

18 d. Whether the applicant has fulfilled obligations regarding examinations and other work assigned to him/her :

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18 e. Whether the University has to bear an additional expenditure for visiting lecturers covering the applicant's work:

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18 f. Leave is recommended / not recommended.

.....
Date

.....
Signature of Head of Department

Name:

19. Recommendation and / or observations of Dean.

(Requested to comment with respect to 18a , 18b, 18c, 18d & 18e)

18 (a & b):.....

18 (c) :.....

18 (d) :.....

18 (e) :.....

Leave is recommended / not recommended.

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Date

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Signature of Dean/Director

20. Recommendations of Deputy Vice Chancellor (Academic)
(Requested to comment with respect to 18a , 18b, 18c, 18d & 18e & 19)

18 (a & b):.....

18 (c) :.....

18 (d) :.....

18 (e) :.....

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Date

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Signature of the DVC (Academic)

21. Observations of Deputy Registrar (Estb.) / Senior Assistant Registrar (Estb.)

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Date

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Signature of DR (Estb.) / SAR (Estb.)

Name:

22. Observations of the Registrar.

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Date

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Signature of the Registrar

23. Recommendations of Deputy Vice Chancellor (Defence & Administration)
(Chairman Leave & Awards Committee)

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Date Signature of the DVC (Defence & Administration)

24. **Approval of the Vice Chancellor.**

As per the recommendations made by Leave and awards committee,
Leave is approved (subject to approval of the Board of Management/ MOD)
Leave is not approved due to following reasons.

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Date Signature of the Vice Chancellor

FOR OFFICE USE ONLY
(To be filled by the subject Clerk)

BOM Decision (if applicable) -

Sent to Legal Division (For bond preparation) - Date:

Decision conveyed to the applicants -

Yes	No
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 Date:

MOD Approval Granted - Folio No:

 Date:.....

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Subject Clerk