**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 ofleave:

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/ applicantor from othersource:

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

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

Particulars ofstaff in the department;

Total number of teachers inthe 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 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 |

**'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) Ifseveral countries are to be :

visited dates· of stay in each country

(v) Total duration of stay abroad :

(ie 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……………………….. |

Annex(B)

Appendix 16

Application for prior permission to be obtained by public officers to travel abroad.

Part 1

|  |  |
| --- | --- |
| 1.1 Name |  |
| 1.2 Post |  |
| 1.3 Service to which the officer belongs |  |

2. Date of birth. Date ...........................Month......................Year.............................

3 3:1 Ministry/Provincial Council :

3:2 Department / Institution :

4. Arrangements made to cover up :

duties / Acting arrangements

5.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 5.1 Purpose of travel/Field of training |  | | | | | | | |
| 5.2 Nature of travel | official | |  | | Private | |  | |
|  |  | | | | | | | |
| 5.3 in the case of training the awarding Agency |  | | | | | | | |
|  | Through Dept. of External Resources | Through a project | | Direct award | | | Private funds | Government of SL |
| 5.4 How expenses are mainly to be met (Mark in cage) |  |  | |  | | |  |  |
|  |  | | | | | | | |
| 5.5 if met from GOSL funds nature and amount | Air travel | subsistence | | Course fees | | | Additional expenses | Other personal expenses (to be specified) |
|  |  |  | |  | | |  |  |
|  |  | | | | | | | |
| 5.6 in case of a foreign loan/Project/particulars thereof |  | | | | | | | |
|  |  | | | | | | | |
| 5.7 Date of Commencement of course/training |  | | | | |
| 5.8 Date of completion |  | | | | |
|  |  | | | | |  | | |
| 5.9 Date of departure and of return |  | | | | |  | | |

5.10 Ccountries to be visited :

5.11 foreign addresses, Telephone, Fax, E-mail, indicating numbers:

5:12 Has the report on the previous official trip been submitted

6. Particulars of foreign travel of applicant during the current year and the preced1ng three years.

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Purpose of travel | Pperiod | Ccountry |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

6.1 Will the Minister of Ministry concerned be away from the country during the relevant period. (Information to be furnished in the applications of Secretaries to Ministries only)

7. Declaration by applicant

I certify that the particulars furnished in this. Application is true

|  |  |
| --- | --- |
| Date .............................. | ...................................  Signature of applicant |

Arrangements have been made to cover up duties of this officer. Recommended and forwarded.

|  |  |
| --- | --- |
| Date .............................. | .........................................................  Signature, Name and official stamp of Department |

Part 2 (a)

Recommendation of Head of Department/Recommendation of the Chief secretary of the Provincial Council

Ref: No. Ministry/Department /Provencal Council............................................................................................

Secretary to the President Secretary to the Prime Minister/Secretary to the Ministry / Sectary to the Governor

This nomination has been approved by the Hon. Minister...............................................................................

Hon. Governor............................................................... Province. Arrangement have been mace to cover up duties/Acting arrangements have been made.

Submitted for prior permission of His' Excellency the President.Prime Minister. Hon, Minister I Hon. Governor

|  |  |
| --- | --- |
| Date....................................... | ...........................................................  Signature of the head of department/ Ssecretary to the Ministry/Chief Ssecretary of provincial council  Name and designation |

Annex (8)

|  |  |  |
| --- | --- | --- |
| Name &Designation | ,  .. | |
| .. - |  |
| Country / ies to be visited |  | |
| Benefits/ Outcome of the tour to the country /  .institute | --  . -  .. | |
| Signature &Date |  | |