**AE/L/01**

**University of Sri Jayewardenepura**

**APPLICATION FOR SABBATICAL LEAVE**

***(for Academic & Administrative Staff only*)**



1. **Basic Information**

|  |  |
| --- | --- |
| 1. | Name : |
| 2. | Designation : |
| 3. | Department :  |
| 4. | Faculty:  | 5. E-mail Address: |
| 6. | Date of commencement of Sabbatical leave :DD MM YY | 7. Date of completion of Sabbatical leave : DD MM YY |
| 8. | Sabbatical Leave duration :  | YY | MM | With pay :  |  | No pay :  |  |

1. **Purpose of the Sabbatical Leave**

|  |  |  |
| --- | --- | --- |
| For Professional Development | For Research, Fellowship or Training | For employment |
|  |  |
| Brief description of the purpose indicated above ( and provide Country and place if going abroad) |

1. **Record of previous Sabbatical Leave and Study Leave (no pay) taken . (if any)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Type of leave obtained previously | Duration | From | To | Place/Country |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

1. **Arrangements made to cover applicant’s work during the period of leave.**

|  |  |  |
| --- | --- | --- |
| Description | Name of the person nominated | Signature |
| (a) Teaching |  |  |
| (b) Administrative Work |  |  |
| (c) Other |  |  |

**Applicant’s Declaration.**

 I undersigned certify that the details provided in this form are accurate and the requested sabbatical leave fall/ does not fall within the faculty's academic calendar. Time table and relevant documents are attached.

Date: ……………….. Signature of the Applicant

|  |
| --- |
|  **Recommendation of the Head of the Department** |
| (i) Whether 2/3 staff available for the continuation of academic  programs during the period of applicant’s leave Yes **/**No  |
| (ii) Whether satisfactory arrangements can be made to  cover applicant’s duties Yes **/**No  |
| (iii) Whether the applicants has completed all requirements  regarding examination - related works Yes **/**No Yes **/**No |
| Leave is recommended |  | Not recommended\* |  |
| \*If not recommended please give reasons :Any other remarks : |

 Date: ………………… ……………………………

 Signature of the Head of the Department (Official Seal)

|  |
| --- |
| **Recommendation of the Dean of the Faculty** |
| Leave is recommended |  | Not recommended |  |
| If not recommended please give reasons : |

 Date: ………………… ……………………………

 Signature of the Dean (Official Seal)

**Recommendation /Approval of the Vice - Chancellor**

1. Recommended to submit to Leave and Awards Committee

NO

YES

1. Approved subject to the covering approval of the council

NO

YES

 Date: ………………… …………………………………

 Signature of the Vice-Chancellor