



THE OPEN UNIVERSITY OF SRI LANKA
APPLICATION FORM FOR VACATION LEAVE

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	1.6	No. of years of service

2.0 Details of vacation leave requested

Form	To	Total period	Whether travelling overseas(yes/no)	Purpose of leave

3.0 Details of vacation leave taken during the past 5 years with dates

Form	To	Total period	Purpose of leave

4.0 Arrangements to cover up duties during vacation leave period

Duties	Give details of duties	Person undertaking responsibility to cover up duties	
		Name	Signature
Course Coordination			
<ul style="list-style-type: none">Day Schools			
<ul style="list-style-type: none">Laboratory classes			
<ul style="list-style-type: none">Continuous Assessment Tests			
<ul style="list-style-type: none">other(specify)			
Examination related work(Final Exam)			
<ul style="list-style-type: none">Chief Examiner			
<ul style="list-style-type: none">Setting/Moderating Examiner			
<ul style="list-style-type: none">Marking Examiner			
Supervision			
<ul style="list-style-type: none">University Research Grant			
<ul style="list-style-type: none">Outside Research Grant			
<ul style="list-style-type: none">Undergraduate/Postgraduate Projects			
Administration duties			
<ul style="list-style-type: none">Chairman/Chairperson/Member of Committee			
<ul style="list-style-type: none">Dean/ Head			
<ul style="list-style-type: none">Other (specify)			
Registration/ Re-Registration			
Any other activity(specify)			

5.0 Application Declaration

I, the undersigned, certify that the details provided in this form are accurate to best of my knowledge.

.....
Signature of the applicant

.....
Date

6.0	Recommendation of the Head of the Department (Please tick a box)		
	Recommended	<input type="checkbox"/>	Not Recommended
	If not recommended, please give reasons		
	Signature of the Head of the Department		Date

7.0	Recommendation of the Dean of the Faculty (Please tick a box)		
	Recommended	<input type="checkbox"/>	Not Recommended
	If not recommended, please give reasons		
	Signature of the Dean of the Faculty		Date

8.0	Verification by the Academic Establishment Branch on section 01 and 02		
	Information provided above is verified correct according to personal file (Yes/No)	Name of the Subject	
		Clark:	
		Signature:	
	Date:		
	Observations of Senior Assistant Registrar /Academic Establishments		
Signature of the Senior Assistant Registrar / Academic Establishments		Date	

9.0	Recommendation of the Vice Chancellor (Please tick a box)		
	Recommended	<input type="checkbox"/>	Not Recommended
	If not recommended, please give reasons		
	Signature of the Vice Chancellor		Date