



TRINCOMALEE CAMPUS – EASTERN UNIVERSITY - SRI LANKA

Application for Duty Leave

Name		
Designation		
Department/Section/Unit		
Date of First Appointment		
No. of Days Leave Applied for		
Date of commencement of leave		
Date of Expiry of leave		
Reason for duty leave		
Whether supportive document is annexed		
Name & Signature of Acting Officer (Only if necessary appropriate)		
Date and Signature of Applicant		
<u>Recommendation</u>		
Recommended / Not Recommended		
Head of the Department/Section/Unit		
Date		
Recommended / Not Recommended		
Dean of the Faculty/Registrar as the case may be		
Date		
<u>Approval</u>		
Approved / Not Approved		
Rector		
Date		

Office Use

Whether entitles to obtain traveling Claim/subsistence:

Any other Comments/Details:

Informed to applicant on:

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Subject Clerk

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Asst. Register/ Establishment