

**EASTERN UNIVERSITY, SRI LANKA**

**Application for Duty Leave**

|  |  |
| --- | --- |
| Name: |  |
| Designation: |  |
| Department: |  |
| 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 EUSL Transport/Vehicle is used: | Yes/No |
| Whether supportive document is annexed: |  |
| Name & Signature of Acting Officer:  (Only if necessary/appropriate) |  |
| Date and Signature of Applicant: |  |
| **Recommendation** | |
| **Recommended /Not Recommended** | |
| Head of the Department/Discipline/ Unit |  |
| Date: |  |
| **Office of the Senior Asst. Registrar/Assistant Registrar of the Faculty** | |
|  | |
| Whether entitled to obtain traveling claim / subsistence: | |
| Any other comments/Details: |  |
| Senior Asst. Registrar/Asst. Registrar of the Faculty : | |

Approved/Not Approved

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Dean of the Faculty

Informed to applicant on:

Subject Clerk …………………