



SOUTH EASTERN UNIVERSITY OF SRI LANKA

REQUEST FOR APPROVAL TO WORK ON SATURDAY / SUNDAY / HOLIDAY

I recommend the following staff to work on, as the presence of these employee/s are essentially needed on the requested date/s to complete the given tasks.

Dept. / Div. / Unit

Service No.	Name of Employee	Designation	Descriptions of tasks assigned for the requested date/s

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Signature of Head
(With Official Frank)

Date:

(In the case of employees attached to the faculties)

Recommended / Not Recommended

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Signature of Dean
(With Official Frank)

Date:

Approved / Not Approved

.....

Registrar

Date: