

SOUTH EASTERN UNIVERSITY OF SRI LANKA
Application Form – Sabbatical Leave for Academic Staff

1. Personal Information

1.1. Name :

1.2. Designation :

1.3. Department :

1.4. Date of Appointment in this grade: Year: Month: Day:

1.5. Date of First Appointment : Year Month: Day:

1.6. No. of years of service:

1.7. Date of Birth Year Month: Day:

1.8. Age: Years: Months: Days:

2. Have you taken sabbatical leave previously: Yes: No:

(If yes, please provide details)

Year	From	To	Total Period	
			Paid Leave	No Pay Leave

[Please attach proof document]

3. Period of leave requested with dates (Please indicate whether you are splitting the available leave)

From	To	Total Period	
		Paid Leave	No Pay Leave

##: You may split the leave and avail your self of such leave only in two installments and the minimum allowed period is of 3 months duration after 3 years and 6 months of service. However, passage will be paid only once.

4. Details of Leave: Locally: Outside the country:

Note-01: Details of sabbatical leave are available in UGC Circular Nos. 408 of 28.10.1989, 808 of 23.09.2002& 896 of 08.07.2008, UGC / HR /04 / 07 /38 dated 22nd May 2000 and UGC / HR / 04....dated 22nd May 2002.

Note- 02: Please submit a clearance certificate obtained from the Librarian of this University.

- 4.1.** Contact address of the applicant during the period of leave. **(Please note: Any change in address should be notified to Senior Assistant Registrar / Establishments)**

- 5.** Work programme the applicant intends carrying out during the period of leave and details of institutional affiliation (Letter of invitation / award should be annexed, where relevant)

(Your contact with the university does not permit you to accept permanent position while on leave, you may accept only a contract appointment for the period of your approved leave)

- 6.** Please declare whether you are receiving passage under the grant / award or from any other source.

Yes: ☐ No: ☐

If yes please give details:

(Please attach proof document)

- 7.** Arrangement to cover the work during leave period:

- 7.1** Whether applicant has completed all teaching assignments and examination work

Yes: ☐ No: ☐

Responsibility	Person undertaking to cover the responsibility		Signature of the Head of the department
	Name	Signature	
7.2 Lectures /Tutorials / Examinations			
7.3 University Research Grants			
7.4 Other Research Grants			
7.5 Under graduate / Postgraduate projects			
7.6 Have returned all library books?			

- 8.** Applicants declaration

I, the undersigned certify that the details provided in this form are accurate.

8.1 Signature of the applicant:.....

Date:.....

9. Recommendation of the Head of the Department of
Recommended / Not Recommended (If not recommended please give reason)

(Please indicate whether adequate staff is available once the applicant goes on sabbatical leave only 1/3 of the total available staff will be allowed to go on sabbatical leave. This does not apply in the case where the eligible staff of any department of study is less than 3 in number)

Date:.....

.....
Signature of the Head of the Department
(Official seal)

10. Above information is verified correct

Date:.....

.....
**Signature of the Asst Registrar of
the Faculty of**
(Official seal)

11. Recommendation of the Dean of the Faculty of
Recommended / not recommended (If not recommended please give reason)

Date:.....

.....
Signature of the Dean of Faculty of
(Official seal)

12. Verification by the Establishments Division.

Information provided above is verified correct according to this personal file:

Name of the Subject Clerk :

Signature : Date:
Observation of the Senior Assistant Registrar / Establishments

Date:.....

.....
Signature of the Deputy Registrar
(Official seal)

13. Recommendation of the Vice Chancellor

Recommended / Not Recommended (If not recommended please give reason)

Date:.....

.....
Signature of the Vice Chancellor
(Official seal).
