## Sri Lanka Institute of Advanced Technological Education **Overseas Leave Application**

To be submitted by Teachers or Officers seeking approval for overseas leave before 24 days of commencement of leave to the Administration Division to be forwarded to the Ministry.

1.01.	Name					
1.02.	Designation					
1.03.	Department/Division					
1.04.	Type of leave <sup>2</sup>					
1.05.	Indicate the name of the country					
1.06.	Purpose for which the leave is required (supported by documents)	W				
1.07.	Duration of leave	From	То			
1.08.	Arrangements made to cover the duties of the applicant during his/her absence (Attach a separate sheet if required)  Note: The Staff Members whose names are given in Sections 1.08.01. to 1.08.04 have to sign in the space provided to indicate their consent to cover the duties of the applicant during the period of leave requested by the applicant.					
			·			
	Duties	Name				
1.08.01.	Duties  Teaching	Name	Signature			
1.08.01.		Name				
	Teaching	Name				

<sup>&</sup>lt;sup>1</sup> If applications and relevant documents are not submitted 24 days prior to the commencement date of overseas leave it is the responsibility of the staff member concerned to send the recommended Appendix 16 to the Ministry of Higher Education.

2 Study Leave/Training Leave/Conference & Seminar Leave/Workshop Leave/Special Overseas Leave/Duty Leave.

Period To						Overseas leave taken during the current year					
To	Type of leave		Purpose								
+	7,700										
			AND DESCRIPTION OF THE PARTY OF								
				~							
I certify that foll	lowing documents are at	tached		•		-					
Two copies of Awarding Letter are attached			Yes	No	N/A						
Duly completed information letter is attached			Yes	No	N/A	-					
Three copies of duly completed application for permission to travel abroad (Appendix 16) are attached			Yes	No	N/A						
Two copies of funding source letter are attached			Yes	No	N/A						
I declare that I a	am entitled for requester	leave.			Account to the second s						
	•										
Date Signate				ure of the Applicant							
Academic Coord	inator, Advanced Techno	ological Institute/Ir	nstitute S	ection							
I recommend /	do not recommend the I	eave.		A STATE OF THE STA							
Please forward / do not forward application for permission to leave the county to the Ministry.											
Date			Directo	or/Academic Co	oordinator						
The state of the s	Two copies of A  Duly completed Three copies of to travel abroad Two copies of full I declare that I a  Date  Academic Coord I recommend / Please forward	Two copies of Awarding Letter are attack Duly completed information letter is attack Three copies of duly completed applicate to travel abroad (Appendix 16) are attack Two copies of funding source letter are at I declare that I am entitled for requested  Date  Academic Coordinator, Advanced Technol I recommend / do not recommend the letter are at a	Duly completed information letter is attached  Three copies of duly completed application for permission to travel abroad (Appendix 16) are attached  Two copies of funding source letter are attached  I declare that I am entitled for requested leave.  Date  Signate  Academic Coordinator, Advanced Technological Institute/In  I recommend / do not recommend the leave.  Please forward / do not forward application for permission	Two copies of Awarding Letter are attached  Duly completed information letter is attached  Three copies of duly completed application for permission to travel abroad (Appendix 16) are attached  Two copies of funding source letter are attached  I declare that I am entitled for requested leave.  Date  Signature of the  Academic Coordinator, Advanced Technological Institute/Institute Section  I recommend / do not recommend the leave.  Please forward / do not forward application for permission to leave to	Two copies of Awarding Letter are attached  Pes No  Duly completed information letter is attached  Three copies of duly completed application for permission to travel abroad (Appendix 16) are attached  Two copies of funding source letter are attached  I declare that I am entitled for requested leave.  Date  Signature of the Applicant  Academic Coordinator, Advanced Technological Institute/Institute Section  I recommend / do not recommend the leave.  Please forward / do not forward application for permission to leave the county to the section of the section of the section in the section of the sectio	Two copies of Awarding Letter are attached  Pes No N/A  Duly completed information letter is attached  Three copies of duly completed application for permission to travel abroad (Appendix 16) are attached  Two copies of funding source letter are attached  Two copies of funding source letter are attached  I declare that I am entitled for requested leave.  Date Signature of the Applicant  Academic Coordinator, Advanced Technological Institute/Institute Section  I recommend / do not recommend the leave.  Please forward / do not forward application for permission to leave the county to the Ministry.					

Annex (B)

## Appendix 16 prior permission to be obtained by public officers to travel abroad Part - I

ne officer belongs				:	4
Date		Month	ing. An Poblement I.	Year	
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Field of training:	Official		P	rivate	
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	Dept. of External Resources	Project	Direct await	funds	S.L
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funds, nature and amount	Air travel	Subsistence	Course fees	Additional expenses	Other personal expenses (to be specified)
n loan/Project/particulars			<u> </u>		
ement of course/training					
and of return					
sited :	• • • • • • • • • • • • • • • • • • • •	••••••	•••••		
Telephone, Fax, E-mail, indi	icating nur	mbers :			•
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- N	6 Particulars of foreign trav	el of applicant during the cur	ent year and the preceding three	years			
	Year	Purpose of travel	Period	Country			
		1 2 24 2 3	**************************************				
			Acres (1)				
	6.1 Will the Minister of (Information to be f	the Ministry concerned be avurnished in the applications of	vay from the country during the re of Secretaries to Ministries only)	levant period ,			
	7 Declaration by applicant						
Tel. (1)	l cel	tify that the particulars furnis	hed in this application are true				
	1 001	my that the particular terms					
	Date	•		*****			
	Date		Signature of Applicar	ıt			
	Arrangements have	been made to cover up dutie	es of this officer. Recommended a	ind forwarded.			
		EMPO		•			
Councervertest	Date stayer   howe bond   6 //perse?	YORAÇA ÇIBÜ BARSI Report Barsa Barsa	Signature, Name and Official of Department	Stamp of Head			
		<u>. Part</u>	<u>2 (a)</u>				
e de la companya de l	Recommendation of Head	of Department/Recommenda	ition of the Chief Secretary of the	Provincial Council			
	Ref. No. Ministry/Departme	nt/Provincial Council	· · · · · · · · · · · · · · · · · · ·	•••••			
	Secretary to the President/Secretary to the Prime Minister/Secretary to the Ministry/Secretary to the Governor						
ą	This nomination has been Hon. Governorduties/Acting arrangement	· · · · · · · · · · · · · · · · · · ·	er Province. Arrangements have b	een made to cover u			
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			Signature of the Head of De Secretary to the Ministry / C of Provincial Council Name and Designation				