

SWAMI VIPULANANDA INSTITUTE OF AESTHETIC STUDIES
EASTERN UNIVERSITY, SRI LANKA
APPLICATION FOR LEAVE

01. Name :

02. Designation :

03. Department :

04. No. of days leave applied :

05. Leave taken in current year :

Casu.	Vaca.	Duty	Others

06. Date of First Appointment :

07. Date of Commencing Leave :

08. Date of Resuming Duties :

Date	Month	Year

09. Reason for Leave :

10. Address when on leave :

11. Signature of Applicant :

12. I agree to act for the applicant :

Signature of Officer Acting

13. Leave Allowed / Not Allowed :

14. Leave Allowed / Not Allowed :

15. Noted and Returned :

16. Noted in Leave Register :

Head of Department

Deputy Registrar/Director

Applicant

Folio No. :

Leave Clerk

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