Application for duty leave (Teacher)

ZONAL EDUCATION OFFICE

VAVUNIYA NORTH

1. Name **;-** ……..

2. School **:-**…….....

3. Reason /Purpose of the Duty Leave(Letter Should attached)**……**

…….....

4. Venue ;- **……..……..**

5. No of Days Leave Required ;- From **……**To**…….……..…(…….)**Days

6. Address of Residence on Duty **…….**

7. Acting Duty Teacher **……....**

8. Acting Teacher Signature **……**

…….…….. **……**

Date Signature of Applicant

……Days duty leave From **…….**to**……**is Recommended / Not Recommended

……

Principal

……Days duty leave From **…….**to**……**is Approved / Not Approved

……

Divisional Director of Education

Divisional Education office

Omanthai/Nedunkeny
