

ZONAL EDUCATION OFFICE

VAVUNIYA NORTH

Application for Duty Leave & Permission for Station leave

A) Details

- Name of the Officer :
- Designation :
- No of Days Leave Required : From to (..... Days)
- Reason / purpose of the Duty Leave (Letter should be attached) :

- Venue :
- Travel By: Vehicle No :
- Address of Residence on duty:

.....
Date

.....
Signature of Applicant

B) Acting Duty Arrangements

- Acting Duty Officer Name :
- Acting Officer Signature :

C) Recommendation of Head of Branch

..... days duty leave from to is recommended

.....
Date

.....
Head of the Branch

D) Approval of Head of the Institution

..... days duty leave from to approved

.....
Date

.....
Zonal Director of Education

E) Entered in Duty Leave Register

.....
Date

.....
Leave Management Assistant

Copies :

1. Leave - Management Assistant
2. Applicant – For attachment with the claim