

**APPLICATION FOR MEDICAL LEAVE
UNIVERSITY OF JAFFNA**

Employee No			
Name			
Designation			
Department			
Faculty			
Address of Residence			
Nature of Illness			
Leave Requested	From		To
Last Date on Duty			
Date of Resumption of Duties			

(The original Medical Certificate Should be Attached)

.....
Signature of the Applicant

.....
Date

Recommendation of the Head of the Department:

Recommended / Not Recommended

.....
Signature of the Head

.....
Date

Recommendation of the Dean of the Faculty:

Recommended / Not Recommended

.....
Signature of the Dean

.....
Date

Recommendation of the University Medical Officer:

.....
Signature of the Medical Officer

.....
Date

Approval of the Registrar:

On the recommendation of the medical officer the above medical leave is approved / not approved

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Signature of the Registrar

.....
Date

For Office Use of Non Academic Establishments:

.....
Signature of the Deputy Registrar

.....
Date

Completion of the Task:

.....
Signature of Subject Clerk

.....
Date