

## Form B

## Application to Apply Leave for Employees in Isolated Areas

- 1 Name with initials .....
- 2 Employee Number .....
- 3 Designation .....
- 4 Faculty/Department / Division/Centre .....
- 5 Status of the Employees .....

Permanent ☐ Assing. Basis ☐ Other ☐

Contract ☐ Daily Paid ☐

- 6 Permanent Address  
(As mentioned in the personal file)

- 7 Number of days requested due to isolation of your area of residence.(Attach evidence documents to prove)

.....

- 8 I certify that above details are true and correct.

.....  
Signature of the Applicant

.....  
Date

## Certification of the Grama Niladhari,

I certify that the above applicant resides at the address mentioned under No. 5 and that area is isolated due to Corona Pandemic situation from..... to.....

.....  
Signature of Grama Niladhari  
Seal

.....  
Date

## Recommendation of the Head,

Registrar,

I recommended the Special leave and forwarded for necessary action please.

.....  
Signature of Head of the  
Department/Division/Centre

.....  
Date

## Assistant Registrar/ Non Academic Establishment,

Please take action to obtain the Council approval to grant Special leave for

Prof./Dr./Mr./Mrs./Miss..... For the period from..... to .....

.....  
Registrar

.....  
Date