



ACADEMIC-RELATED LEAVE APPLICATION FORM (ACADEMIC STAFF)

Notes:

1. This form is used to apply leave for academic-related events such as research, conference, visiting industry, etc.
2. This form shall be submitted with supporting document(s) to Office of Academic Affairs ahead of leaving.
3. Lecturer Class Replacement Application Form shall be attached if any class will be affected.

SECTION I : Details of Applicant			
Name		Staff ID No.	
Designation		Department	
Office No.		Contact No.	
Email Address			

SECTION II : Details of Event			
Type of Event <i>(please tick)</i>	<input type="checkbox"/> Conference <input type="checkbox"/> Training	<input type="checkbox"/> Seminar/ Workshop <input type="checkbox"/> Meeting	<input type="checkbox"/> Visiting <input type="checkbox"/> Others
Name of Event			
Institution/ Organization			
Venue			
Leave Period	From DD / MM / YYYY To DD / MM / YYYY	Total No. of Days	
Attachment(s) <i>(please tick)</i>	<input type="checkbox"/> Invitation Letter/ Acceptance Letter <input type="checkbox"/> Tentative Itinerary <input type="checkbox"/> Industrial Visit Document <input type="checkbox"/> Internship Visit Student Name List & Company Address <input type="checkbox"/> Others <i>(Please specify):</i> _____		

SECTION III : Details of Class Replacement
Do you have class during the leave period? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(Please attached with Lecturer Class Replacement Application Form)</i>

SECTION IV : Signatures	
For Applicant	For Dean / HOD / Programme Coordinator
Requested by,	Supported by,
_____ Name : Date :	_____ Name : Date :

SECTION V : Verification and Approval

For Office of Academic Affairs	Approval by: President / Assistant President
Comment(s): Verified by, _____ Name : Date :	Comment(s): <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved _____ Name : Date :