Division of Public Policy
<u>Application for Leave</u>
(Research Postgraduate Student)

A. FOR COMPLETION BY STUDENT

1. Name: _____ _____ University no.: _____
   (Surname)   (First Name)

   Program: _____

2. Purpose and Details of Leave: (*please tick as appropriate*)

   ❑ **Vacation Leave**

   From _____ to _____

   Period of Leave Requested: _____ days *(Note: Saturday, Sundays and public holidays are excluded. Leave on a weekday is counted as a whole day, i.e. no half-day leave.)*

   ❑ **Sick Leave** *(Please refer to <u>Annex I</u> and attach a certificate signed by a registered medical practitioner as appropriate)*

   From _____ to _____

   Period of Leave Requested: _____ days *(Note: Saturday, Sundays and public holidays are excluded.)*

   ❑ **Research Study Leave** *(Please tick the applicable option and fill in the relevant information. If you will carry out more than one kind of academic activities during your study leave, please tick more than one option and specify the start date, end date and duration of <u>each</u> activity. The dates of each item below should not overlap.)*

pls ✓	Purpose	Destination	Date (From)	Date (To)	No. of days
	Field trip / data collection	Institution (if applicable): Country:			
	Attend conference	Institution (if applicable): Country:			
	Student exchange / Visiting student	Institution: Country:			
	Attend short course / summer course	Institution: Country:			
	Internship	Company/Organization: Country:			
	Others: *(please specify)*	Institution (if applicable): County:			
Total no. of days of study leave requested *(Note: Calendar days are counted, including any intervening Sundays and public holidays.)*					days

3. I will/will not* leave Hong Kong for _____ (destination) from _____ to _____.

Date: _____ Signature: _____

Delete as appropriate

B. ENDORSEMENT FROM SUPERVISOR

❑ I support the grant of leave

    ❑ for the period stated in section 2
    ❑ for the period from _____ to _____

❑ I do not support the grant of leave for the activity described.
    Remarks (if any): _____

    _____

Name of Supervisor (Primary): _____ Signature: _____
Date: _____

C. FOR DEPARTMENTAL OFFICE USE

1. Amount of leave already taken since commencement of study, excluding the period now applied for:

(a) Research Study Leave:	days
(b) Vacation Leave:	days
(c) Sick Leave	days
(d) Total Leave Period (a+b+c):	days

2. Last period of leave taken: _____ days from _____ to _____

3. For student taking *vacation leave only*

    Amount of vacation leave already taken in the present 12-month period (counting from first registration), excluding the period now applied for: _____ days.

August 2018