

Leave Application Form

PART I: To be completed by applicant

Name		Degree	
Scholarship:	AGS	NGSS	Others
Facult			
Award date of scholarship			
Expiry date of scholarship			
Type of leave reuired (please tick accordingly)	i) Holiday Leave Leave balance prior to application: _____ days On/Form: _____ Reason(s)*: _____	ii) Leave of Absence (unpaid) On/Form: _____ Reason(s)*: _____	
	iii) Conference Leave On/Form: _____ Funded By: A*STAR / SouthVale / others* (please circle) Funder: Yes / No (please circle)	iv) Other type of Leave On/Form: _____ Please specify: _____	
	For iii, please attach relevant documentary proof and/or work schedule.		
Forwarding Address/email/contact no. During leave.			
Signature : _____		Date: _____	

PART II: To be completed by Main Supervisor

Comment(if any):	
<p>Name/Signature: _____ Date: _____</p> <p>Department: _____</p>	

PART III: For Official Use Only

Comment(if any):	
<p>Name/Signature: _____ Date: _____</p> <p>Department: _____</p>	