Division of Public Policy
Application for Leave
(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 Annex I 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 each activity. The dates of each item below should not overlap.

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<tr>
<th>No.</th>
<th>Purpose</th>
<th>Destination</th>
<th>Date (From)</th>
<th>Date (To)</th>
<th>No. of days</th>
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<td>Field trip / data collection</td>
<td>Institution (if applicable):</td>
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<td>Country:</td>
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<td>Attend conference</td>
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<td>Student exchange / Visiting student</td>
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<td>Attend short course / summer course</td>
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<td>Others: (please specify)</td>
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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
THE HONG KONG UNIVERSITY OF SCIENCE AND TECHNOLOGY
FINANCE OFFICE
Travel Outside Hong Kong Application Form
(Re: Financial Circular on “Travelling on Business”)

(Use: The original of this Travel Form has to be attached to the Budget Requisition for funding and payment purpose.)

I. 1. Name of Applicant ___________________________ Staff No. ___________________________

2. Position ___________________________ Department/Office ___________________________

3. Proposed Duty Itinerary (please also attach the printout of the itinerary issued by the travel agent)

   [Note: Please put in ONLY the DUTY period and places below. DO NOT include any PERSONAL leave period and places (Note 1)]

<table>
<thead>
<tr>
<th>From (DD/MM/YY)</th>
<th>To (DD/MM/YY)</th>
<th>City / Country</th>
<th>Purpose of Travel (Note 2)</th>
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Signature: ___________________________ Date: ___________________________

(Applicant)

II. Approval of Head of Department/Office [or Supervisor (Note 4)]

I certify that the nature of the travel is relevant to the applicant’s duties.

Signature: ___________________________ Name & Position: ___________________________ Date: ___________________________

* Delete as appropriate

Notes
1. Any additional passage costs arising from student’s personal stay/trip will be borne by the students himself/herself. Under normal circumstances, such costs will firstly be deducted from his/her claim for the reimbursement of the same trip expenses.

2. Brief descriptions of the planned activities for each duty date / period at each destination should be stated. Any subsequent changes to the itinerary require further endorsement by the Head of Department/Office [or supervisor (Note 4)].

3. This Travel Form should be approved by the Head of Department/Office.