



CONFERENCE LEAVE REQUEST

I This part is to be filled in by the employee

Name and surname	
Faculty/administrative unit	
Job title	
Name, organizer, venue of the conference:	
Your role in the conference	Presenter Keynote speaker Chair
Date of the conference	
Absence period (working days)	
Arrangements you made to cover classes while on conference and name of the arranged substitute, if any	
I request financial support from IUS (if yes, please fill the FS2 form)	Yes No
Date and signature	Date:
	Signature:

II This part is to be filled in by your immediate supervisors

Signature of the Program Coordinator	Date:
	Signature:
Signature of the Dean/Immediate Supervisor	Date:
	Signature:

III This part is to be filled in by the HR Office

Date of submission to HR Office	
Protocol number	

IV This part is to be filled in by the Rector

Rector's decision	Approved Not approved
Date:	
Signature:	