INTERNATIONAL UNIVERSITY OF SARAJEVO
INTERNACIONALNI UNIVERZITET U SARAJEVU

PROFESSIONAL DEVELOPMENT 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 professional development activity:	
Your role in the professional development	
Date(s) of the event	
Absence period (working days)	
Arrangements you made to cover classes while on the professional development leave and name of the arranged substitute, if any	

I request financial support from IUS (if yes, please fill the FS2 of this form)	Yes	No
I have attached a short rationale for participating at the event	Yes	No

Date and signature of the employee	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

Rectors decision	Approved	Not approved
Date:		
Signature:		