



LAGOS STATE UNIVERSITY OF EDUCATION

OTO/IJANIKIN, LAGOS STATE.

{WITH A CAMPUS @ ODO-NOFORIJA, EPE, LAGOS STATE}

To be completed in Triplicate

STAFF WELFARE DIVISION

CERTIFICATE OF RESUMPTION OF DUTY AFTER ANNUAL/CASUAL/MATERNITY/PATERNAL/ SPECIAL/EXAMINATION/RESEARCH LEAVE FOR ACADEMIC STAFF (ACADEMICS STAFF)

NAME OF STAFF:.....

DEPT/COLLEGE/UNIT:.....

PRESENT RANK/DESIGNATION:.....

DATE LEAVE COMMENCED:..... DATE OF LEAVE ENDED.....

NO OF LEAVE DAYS:..... BALANCE FOR THE CURRENT YEAR:.....

.....
.....

DATE

SIGNATURE OF STAFF

I certify that the above information is correct and that the staff has not overstayed approve leave by:

.....

DATE

.....

HEAD OF DEPARTMENT/UNIT

To: Bursar

Above is for your information and necessary action on the leave approved.

.....

.....

DATE

OFFICER IN CHARGE OF STAFF WELFARE DIVISION

ACADEMIC STAFF