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LAGOS STATE UNIVERSITY, OJO.

STAFF WELFARE DEVELOPMENT AND TRAINING UNIT

APPLICATION FOR ............................................................... LEAVE
............................................................... SESSION (To be completed in Triplicate)

1. NAMES IN FULL (SURNAME FIRST): ..............................................................

2. DEPARTMENT: ...................................... DESIGNATION: ......................

3. DATE OF ASSUPTION OF DUTY: ..............................................................

4. DATE OF CONFIRMATION OF APPOINTMENT: ...........................................

5. PRESENT SALRY: USS: .............. STEP ............ (₦ ..............)

6. (a) HAVE YOU EVER BEEN GRANTED STUDY/TRAINING LEAVE..............

   (b) WHEN DID YOU RETURN FROM LAST STUDY/TRAINING LEAVE ........

       (STATE DATE): ..............................................................

   (c) HOW MANY SEMESTERS (NOT INCLUDING LEAVE WITHOUT PAY) HAVE

       YOU COMPLETED SINCE YOU RETURN FROM YOUR LAST LEAVE OR

       SINCE APPOINTMENT? (DELETE WHICHEVER IS NOT APPLICABLE)


7. (a) TYPES OF LEAVE BEING REQUESTED FOR: .............................................

   (b) DURATION OF PROPOSED LEAVE: ............................................................

   (c) WHEN DO YOU EXPECT TO RESUME DUTY IN YOUR DEPARTMENT?

       (STATE DATE): ..............................................................

8. DETAILS OF WORK TO BE UNDERTAKEN DURING THE LEAVE ............


9. STUDY POST (S): ..............................................................

       (UNIVERSITY/RESEARCH STATION)

       TOWN/CITY ............................................. COUNTRY
10. NAMES OF WIFE AND CHILDREN ACCOMPANYING YOU TO YOUR STUDY POST: …………………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………

11. (a) HOW DO YOU PROPOSE TO FINANCE YOUR STUDIES? SCHOLARSHIP/GRANTS?:…………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………

(b) ARE YOU A RECIPIENT OF OR DO YOU EXPECT TO RECEIVE ANY OUTSIDE GRANT (E.G. ROCKFELLER, FORD FOUNDATION, C.I.D.A., E.E.T.C., COMMONWEALTH, NIGERIAN GOVERNMENT W.H.O. U.N.I.C.E.F. E. A. O. ETC. …………………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………

(Please enclose a copy of the letter of award and other relevant documents).

(c) STTE VALUE OF FELLOWSHIPS INCLUDING ALLOWANCES (PERSONAL AND FAMILY ALLOWANCES ETC.)
………………………………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………

.................................................................
APPLICANT’S SIGN. & DATE

12. HEAD OF DEPARTMENT RECOMMENDATION:
………………………………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………

.................................................................
HEAD OF DEPARTMENT’S SIGN & DATE

13. DEAN’S RECOMMENDATION:
………………………………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………

.................................................................
DEAN’S SIGN. & DATE

PLEASE RETURN TWO COPIES OF THE APPLICATION FORM TO THE OFFICER-IN-CHARGE, FOR THE ATTENTION OF THE SECRETARY, APPOINTMENTS AND PROMOTIONS COMMITTEE NOT LATER THAN 15TH MARCH IN THE YEAR IN WHICH THE LEAVE IS PROPOSED TO BE TAKEN.