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LAGOS STATE UNIVERSITY, OJO

The Registrar,
Lagos State University,
Ojo.

MEMORANDUM OF ACCEPTANCE OF PERMANENT APPOINTMENT (JUNIOR STAFF)

I accept with pleasure this appointment on the terms and conditions stated therein. I have seen and gone through a copy of the Conditions of Service and I agree to abide with the rules and regulations.

I shall assume duties on........................................................................................................................

Full Name...............................................................................................................................................

Address..................................................................................................................................................
................................................................................................................................................................

Position to which appointed........................................................... Salary ₦........................................

CONUNASS........................................................................  Step...........................................................

Date .............................................

₦50:00 Naira Stamp and Signature
The Registrar,
Lagos State University,
Ojo.

MEMORANDUM OF ACCEPTANCE OF TEMPORARY/CONTRACT APPOINTMENT

(JUNIOR STAFF)

I accept with pleasure this appointment on the terms and conditions stated therein. I have seen and gone through a copy of the Conditions of Service and I agree to abide with the rules and regulations.

I shall assume duties on..........................................................

Full Name........................................................................................................

Address...........................................................................................................

......................................................................................................................

Position to which appointed.................................... Salary N...........................................

CONUNASS................................................................. Step......................................

Date..........................................................

₦50:00 Naira Stamp and Signature
LAGOS STATE UNIVERSITY, OJO

JUNIOR STAFF PERSONAL RECORD FORM

Please complete this form in triplicate

A. **PERSONAL DETAILS:**

   **DATE OF COMPLETION:**

   1. Name ……………………………………………………………………………………………………………………………

      (Surname)

      ………………………………………………………………………………………………………………………………………

   2. Date of Birth ………………………………………………… (attach evidence)

   3. Marital Status …………………………………………… (attach evidence if married)

   4. Nationality ……………………………………………………………………………………………………………………

   5. State of Origin …………………………………………………………………………………………………………………

   6. Postal Address …………………………………………………………………………………………………………………

      ………………………………………………………………………………………………………………………………………

   7. Permanent Home Address …………………………………………………………………………………………………

      ………………………………………………………………………………………………………………………………………

   8. Phone Number …………………………………………………………………………………………………………………


B. **FAMILY DETAILS:**

   9. Name(s) and Address(es) of Spouse(es): (where applicable)

      ………………………………………………………………………………………………………………………………………

      ………………………………………………………………………………………………………………………………………

      ………………………………………………………………………………………………………………………………………

      ………………………………………………………………………………………………………………………………………

   10. Name(s) of child(ren): (attach documentary evidence)

      Name         Date of Birth         Place of Birth

      …………………………  …………………………  …………………………

      …………………………  …………………………  …………………………

      …………………………  …………………………  …………………………

      …………………………  …………………………  …………………………
11. Next of Kins: (A) Name:…………………………………………………………………………………
   (not more
   than two)  
   (i) Relationship of next of kin to you:…………………………………………………………
   (ii) Address of next of kin:………………………………………………………………………
   (iii) Phone No. of next of kin:……………………………………………………………………
       (if available)
   
   (B) Name:…………………………………………………………………………………………
   (i) Relationship of next of kin to you:…………………………………………………………
   (ii) Address of next of kin:………………………………………………………………………
   (iii) Phone No. of next of kin:……………………………………………………………………
       (if available)

12. In case of death, my benefits should be paid in favour of:
   Name:…………………………………………………………………………………………
   Sex:…………………………………………………………………………………………
   Date of Birth:………………………………………………………………………………
   Address:…………………………………………………………………………………………

C. ACADEMIC DETAILS:

13. First Degree    Institution    Date
       ………………………………………………………………………………………………………

14. Other Degree
    And/or other
    Qualifications    Institution    Date
    ………………………………………………………………………………………………………
    ………………………………………………………………………………………………………
    ………………………………………………………………………………………………………

D. PREVIOUS EMPLOYMENT

15. University    Date
    ………………………………………………………………………………………………………

16. Others
    ………………………………………………………………………………………………………

E. APPOINTMENT WITH LAGOS STATE UNIVERSITY:

17. Date of first appointment:……………………………………………………………………

18. Date of assumption of duty:……………………………………………………………………

19. Post on first appointment:……………………………………………………………………

20. Department on first appointment:………………………………………………………………

21. Employment History
   Position    Department    Date
   ………………………………………………………………………………………………………
   ………………………………………………………………………………………………………
   ………………………………………………………………………………………………………

NOTE: Please report to the Registrar, changes or additions to any of the information provided in 1-11 above, so that this record can be amended appropriately.
22. Date and Place of first arrival in Nigeria: (where applicable)

...........................................................................................................................................
...........................................................................................................................................
I certify that the information provided above is to the best of my knowledge correct.

.................................................................................................................. .................................

Date                                        Signature

FOR OFFICE USE ONLY

To be completed at the end of tenure

1. Reason/Nature of end of Tenure:
   ▪ Resignation
   ▪ Withdrawal
   ▪ End of Contract
   ▪ Retirement
   ▪ Termination
   ▪ Dismissal

Date ........................................................................................................

Appointment else where after end of Tenure: ......................................................
...........................................................................................................................................
...........................................................................................................................................

❖ Delete that which is not applicable

cc: Bursar
    Head Department of .................................................................................................
LAGOS STATE UNIVERSITY, OJO
CERTIFICATE OF ASSUMPTION OF DUTY
(JUNIOR STAFF)

(to be completed in 7 copies)

Name:…………………………………………………………………………………………………….

(Surname)

Position:…………………………………………………………………………………………………..

Date Assumed Duty:…………………………………………………………………………………….

Type of Appointment: (Mark as Applicable)

☐ Temporary Appointment, subject to review after 6 months
   (Up to maximum of one year)

☐ Permanent Appointment

☐ Contract Appointment with effect from …………………….to…………………………

Appointment Reference No:…………………………………………… Date:……………………
I have seen and read through a copy of the Conditions of Service Guiding Junior Staff. I agree to
abide with the rules and regulations.

______________________________      ______________________________
SIGNATURE OF NEW STAFF       DATE

(Please submit along with 3 copies of Staff Personal Records forms duly completed).

(Head of Department)

I certify that Mr./Mrs./Miss………………………………………………………………………………
Assumed duties in the………………………………………………………Faculty/Division)
With effect from………………………………………………………………………………..

Signature and Date:…………………………………Designation………………………………..
Department File No:……………………………………………………………………………………
Certificate (Appointment Officer)

I certify that Mr./Mrs./Miss:…………………………………………………………………………………………
Assumed duties with the Lagos State University on……………………………………………………………………
as……………………………………… on C0NUNASS…………………………………………………Step………………………………………i.e. N……………………………………per annum
Type of Appointment………………………………………………………………………………………………………………
Appointment Ref: No.:……………………………………………………………………………………………………
Personal File No:………………………………………………………………………………………………………………
Division/Faculty Posted to………………………………………………………………………………………………………………
Date:……………………………………………………………………………………………………………………………………

Personnel Office Appointment Date

To the Bursar:
Above is for your information, please. Place his/her name on the pay roll as per details stated above

Registrar Date

FOR ESTABLISHMENT OFFICE USE ONLY

1. Referees Confirmed:…………………………………………………………………………………………………………
2. Previous Employer, Testimonial Confirmed:……………………………………………………………………………………
3. Original Certificate Checked:……………………………………………………………………………………………………
4. Current Medical Certificate Result:…………………………………………………………………………………………
5. Transfer of Service Records:……………………………………………………………………………………………………
6. Staff Personal Record Checked:……………………………………………………………………………………………………
7. Nominal Roll Update:…………………………………………………………………………………………………………
8. Identify Cards Issued:…………………………………………………………………………………………………………

DISTRIBUTION:
1. Bursary 2. Personal File (Establishment)
3. Staff Personal Auditor 4. Departmental File (H.O.D.)
5. Internal Auditor 6. Information
7. Health Centre