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<th>Version No.</th>
<th>Date</th>
<th>Purpose/Changes</th>
<th>Author</th>
</tr>
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<td>1.0</td>
<td>01/08/2013</td>
<td>First version</td>
<td>Registrar</td>
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LAGOS STATE UNIVERSITY, OJO
STAFF PERSONAL RECORD

A PERSONAL DETAILS

1. NAME (Surname) …………………………………………………………………………
   ……………………………………………………………………………………………
   Other Names

   Department: ……………………………………………………………………………

2. Date of Birth: ……………………………………………………………………………

3. Marital Status: ……………………………………………………………………………

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

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

6. Permanent Home Address: ……………………………………………………………
   ……………………………………………………………………………………………

7. Contact Address: ………………………………………………………………………
   ……………………………………………………………………………………………

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

9. 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: ……………………………………………………………

10. Date of Assumption of duty in LASU: …………………………………………………

11. Present Designation: …………………………………………………………………

…………………………………………………………

Signature and Date
LAGOS STATE UNIVERSITY, OJO
ACADEMIC STAFF PERSONAL RECORD UPDATE FORM

A PERSONAL DETAILS

1. NAME (Surname) ………………………………………………………………………

……………………………………………………………………………………………

Other Names

Department: ………………………………………………………………………

2. Date of Birth: ………………………………………………………………………

3. Marital Status: ………………………………………………………………………

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

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

6. Permanent Home Address: ……………………………………………………………

……………………………………………………………………………………………..

7. Contact Address: ………………………………………………………………………

……………………………………………………………………………………………..

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

9. 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: …………………………………………………………

10. Date of Assumption of duty in LASU: …………………………………………………

11. Present Designation: …………………………………………………………………

………………………………………………

Signature and Date
LAGOS STATE UNIVERSITY

PROCEDURE FOR CONFIRMATION OF APPOINTMENT OF ACADEMIC STAFF

1. NAME: ......................................................................................................................

2. FACULTY: ...................................................................................................................

3. DEPARTMENT: ...........................................................................................................

4. DATE AND GRADE ON FIRST APPOINTMENT: .................................................
........................................................................................................................................

5. DATE AND GRADE OF PRESENT APPOINTMENT: ..............................................
........................................................................................................................................

6. DETAILS OF WORK DONE SINCE APPOINTMENT: ............................................
   (a).................................................................................................................................
   (b).................................................................................................................................
   (c) .................................................................................................................................
   (d).................................................................................................................................

RECOMMENDATION FOR CONFIRMATION OF APPOINTMENT

(a) The recommendation of the Head of Department and the Faculty Review Panel shall be based on:
   (i) Satisfactory evidence of continuing research since appointment;
   (ii) Evidence of exceptional teaching ability and experience;
   (iii) Annual Performance Evaluation Report for two years;
   (iv) An up to date curriculum vitae of staff.

(b) All appointments subject to confirmation shall lapse unless confirmed.

(c) The Appointments and Promotions (Academic) Committee may grant an extension out where an
    extension of period of probationary service is granted, member of staff shall not have more than a
    total of two years during which the appointment shall be confirmed or terminated.
7. **RECOMMENDATIONS OF HEAD OF DEPARTMENT**

........................................................................................................................................
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______________________________
Head of Department’s Signature & Date

8. **COMMENTS BY MEMBER OF STATE**

I agree/disagree with the recommendations of my Head of Department.

I have these additional comments (extra sheets may be used if space provided is not enough).
........................................................................................................................................
........................................................................................................................................
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_________________________     ________________
Signature of Staff        Date

9. **RECOMMENDATIONS OF FACULTY REVIEW PANEL**

........................................................................................................................................
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........................................................................................................................................
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........................................................................................................................................
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_____________________
Signature of Dean        Date
CERTIFICATE OF RESUMPTION OF DUTY FROM SABBATICAL LEAVE/LEAVE OF ABSENCE/ RESEARCH LEAVE/TRAINING OR STUDY LEAVE/ ANNUAL LEAVE/ MATERNITY LEAVE/SICK LEAVE

(A) To be completed by staff
1. NAME: .................................................................
2. RESIDENTIAL ADDRESS: ........................................
   ...........................................................................
3. DATE OF ASSUMPTION OF DUTY: ..........................
4. FACULTY: ................................................................
5. DEPARTMENT: ..........................................................
   ...........................................................................

 ---------------------------------  ---------------------
SIGNATURE OF STAFF  DATE

(B) TO BE COMPLETED BY THE DEAN/HEAD OF DEPARTMENT

CERTIFICATION

I CERTIFY THAT DR./MRS./MISS: ........................................
RESUMED DUTIES WITH THE LAGOS STATE UNIVERSITY ON
......................... AS .............................................IN THE DEPT.
OF .......................... ON CONUASS .......... STEP ........

---------------------------------  ---------------------
H. O. D’S Name & Signature and  DATE
Official Stamp

(C) From: Deputy Registrar           To: Bursar
(ASE)                                 Lagos State University,
                                      Ojo.

Above is for your information. Kindly place
him/her on the payroll on CONUASS ..........  
Step ............ From ........ To ...........

---------------------------------  ---------------------
Signature of Personnel Officer  Date

---------------------------------  ---------------------
Deputy Registrar’s Signature  Date

cc:  Head of Department
CERTIFICATE OF ASSUMPTION OF DUTY STAFF ON TEMPORARY/CONTRACT/SABBATICAL APPOINTMENT

(A) TO BE COMPLETED BY STAFF
1. Name: …………………………………………………………………………..
2. Residential Address: ……………………………………………………………
3. Date of Assumption of Duty: ………………… Status: …………………
4. Type of Appointment: ……………………………………………………….
5. Faculty: …………………..Department: ………………………………

SIGNATURE OF STAFF DATE

(B) TO BE COMPLETED BY THE DEAN/HEAD OF DEPARTMENT

CERTIFICATION

I Certify that Prof./Dr./Mrs./Miss: ……………………………………… assumed duty with the Lagos State University on ………………………in the Department of ………………………………………………………………………………… for a period of …………………….. from ………………… to …………………

on CONUASS …………….. STEP ……………

This appointment lapses on ……………………………………………………..

H. O. D’S Name & Signature and DATE
Official Stamp

(C) TO BE COMPLETED BY THE ESTABLISHMENT DIVISION

From: Deputy Registrar To: Bursar
(Academic Staff Establishment]

Above is for your information. Kindly place him/her on the payroll on

CONUASS ………….. Step ………….. From ………….. to …………..

Signature of Personnel Officer DATE

Deputy Registrar’s Signature Date

cc: Dean of Faculty
Director, Internal Audit
Directorate of Press and Information
Pf.
CERTIFICATE OF ASSUMPTION OF DUTY AS ........................................................

(A) TO BE COMPLETED BY STAFF ON PERMANENT APPOINTMENT

1. Name: .............................................................................................................
2. Residential Address: ......................................................................................
3. Date of Assumption of Duty: ......................... Status: .........................
4. Type of Appointment: ...................................................................................
5. Faculty: .......................Department: .................................................

.......................................................... .............................................
SIGNATURE OF STAFF DATE

(B) TO BE COMPLETED BY THE DEAN/HEAD OF DEPARTMENT

CERTIFICATION

I Certify that Prof./Dr./Mrs./Miss: ......................................................... assumed duty with
the Lagos State University on ..............................................in the Department of
.......................................................... for a period of
..............................................from .....................to .....................
on CONUASS ................. STEP .................

This appointment which is with effect from .................................................. is
a permanent one.

.......................................................... .........................
H. O. D’S Name & Signature and DATE
Official Stamp

(C) TO BE COMPLETED BY THE ESTABLISHMENT DIVISION

From: Deputy Registrar To: Bursar
(Academic Staff Establishment]

Above is for your information. Kindly place him/her on the payroll on

CONUASS ............... Step ............... From ..................to ...............

.......................................................... .........................
Signature of Personnel Officer Date

.......................................................... .........................
Deputy Registrar’s Signature Date

cc: Dean of Faculty
Director, Internal Audit
Directorate of Press and Information
Pf.
MEMORANDUM OF ACCEPTANCE OF PERMANENT APPOINTMENT [ACADEMIC STAFF]

I accept with pleasure this appointment on the term 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 ₦ ......................

CONUASS ........................................... Step ........................................

Date ......................... Signature .......................................................
LAGOS STATE UNIVERSITY, OJO

The Registrar,
Lagos State University,
Ojo.

MEMORANDUM OF ACCEPTANCE OF TEMPORARY/CONTRACT/SABBATICAL APPOINTMENT [ACADEMIC STAFF]

I accept with pleasure this appointment on the term 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 ₦ ....................

CONUASS .................................................. Step ........................................

Date ........................................ Signature ...................................................
LAGOS STATE UNIVERSITY, OJO
ACADEMIC STAFF ESTABLISHMENT DIVISION

Subject Matter: LETTER OF INTRODUCTION [ACADEMIC STAFF]

I would like to introduce Prof./Dr./Mr./Mrs./Miss.: __________________________
who has been offered appointment as _______________________________________
in the Faculty/Department of _____________________________________________

This introduction is to enable him/her complete the necessary medical formalities required of his/her
appointment.

Thank you.

For: Deputy Registrar,
Academic Staff Establishment.

P/S Please NOTE that your salary will not be paid until you have completed the medical formalities
and the Director of Health Services has so confirmed.
A. PERSONAL DETAILS
1. Name: ______________________________________________________
   (Surname in block letters)
2. Gender: _________________________Tel No. _____________________
3. Date of Birth: __________________________________ (attach evidence)
4. Marital Status: ___________________________ (attach evidence)
5. Nationality: __________________ State of origin: ___________________
6. Present Address: ______________________________________________
                              ______________________________________
B. FAMILY DETAILS
7. Name of Husband/Wife (where applicable)
                              ______________________________________
8. Dependent Child(ren): (attach documentary evidence)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Place of Residence</th>
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</thead>
<tbody>
<tr>
<td>i.</td>
<td></td>
<td></td>
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<tr>
<td>ii.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii.</td>
<td></td>
<td></td>
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<tr>
<td>iv.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. Next of Kin (other than Wife or Husband)
   i. Name: _____________________________________________________
   ii. Relationship to you: __________________________________________
   iii. Address: ____________________________________________________

10. Permanent Home Address
    ______________________________________________________________
        ______________________________________________________________

11. In case of death, my benefits should be paid in favour of
    i. Name: ______________________________________________________
    ii. Relationship to you: __________________________________________
    iii. Address: ____________________________________________________

C. ACADEMIC DETAILS
12. First Degree       Institution
    _______________   ________________  Date___/___/___

13. Other Qualification       Institution
    _______________   _______________  Date ___/___/___

D. PREVIOUS EMPLOYER
14. University
    ______________________________________________________________
    ______________________________________________________________

15. Others
    ______________________________________________________________
    ______________________________________________________________

E. STATUS OF PREVIOUS/LAST EMPLOYMENT (please tick (✓) appropriately)
   Permanent Appointment [ ] Temporary Appointment [ ] Contract Appointment [ ]
   Others (Specify) ________________________________________________
F. APPOINTMENT WITH LAGOS STATE UNIVERSITY

16. Date of Assumption of Duty:

_________________/_____________/__________

17. Post on Appointment: ______________________________________________

18. Faculty: _________________________________________________________

19. Department: _____________________________________________________

20. Unit: ___________________________________________________________

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

_________________      _____/____/_______
SIGNATURE         DATE

NOTICE
Please report to the Registrar, changes or additions to any of the information provided above, so that this record can be amended appropriately.

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
   ▪ Transfer

2. Date: ___________________________________________________________

3. Appointment elsewhere after end of tenure

__________________________________________________________________
__________________________________________________________________
   ▪ Delete that which is not applicable

Cc: Bursar
   Dean, Faculty of _____________________________