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<td>01/08/2013</td>
<td>First version</td>
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LAGOS STATE UNIVERSITY, OJO

STAFF WELFARE DEVELOPMENT AND TRAINING UNIT

APPLICATION FOR LEAVE OF ABSENCE FORM

(To be completed in Triplicate)

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

2. SEX:  MALE: [ ]  FEMALE: [ ]

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

UNIT:  ........................................................................

FACULTY: ......................................................................

4. DATE OF CONFIRMATION OF

APPOINTMENT:  .................................................................

5. PRESENT SALARY: CONUASS/CONUNASS: ................. 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 PROGRAMME REQUESTED FOR:

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

(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 ANYOUTSIDE GRANT (E. G.
ROCKELLER, FORD FOUNDATION, C.I.D. A., E. E. T. C., COMMONWEALTH. NIGERIAN GOVERNMENT
………………………………………………………………………………………………………………………………..
………………………………………………………………………………………………………………………………..
(please enclose a copy of the letter of award and other relevant documents )

(c) SITE VALUE OF FELLOWSHIPS INCLUDING ALLOWANCES (PERSONAL AND FAMILY ALLOWANCES
E.T.C): …………………………………………………………………………………….……………………… …………
……………………………………………………………………………………………………………………… ………
……………………………………………………………………………………………………………………………

…………………..

APPLICATION’S SIGN. & DATE

12. HEAD OF DEPARTMENT RECOMMENDATION:…………………………………………………………
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HEAD OF DEPARTMENT’S SIGN & DATE

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