

# LAGOS STATE UNIVERSITY, OJO

## NON-ACADEMIC STAFF ESTABLISHMENTS DIVISION JUNIOR STAFF ESTABLISHMENTS UNIT

### CERTIFICATE OF RESUMPTION TO DUTY FROM ANNUAL/MATERNITY LEAVE (JUNIOR STAFF)

#### TO BE COMPLETED BY STAFF

1. Name (Surname first): .....
2. Personal File No: .....
3. Designation: .....
4. Current Duty Post: .....
5. Expected Date of Resumption from Leave: .....
6. Actual Date of Resumption from Leave: .....
7. Reason for late Resumption from Leave (If any): .....
- .....

.....  
SIGNATURE OF STAFF

.....  
DATE

.....  
H.O.D.'S NAME & SIGNATURE

.....  
DATE

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#### To Be Completed By Establishment Officer

Staff Current Duty Post: .....

Change in Posting (where applicable): .....

.....  
SIGNATURE OF OFFICER

.....  
DATE