

LAGOS STATE UNIVERSITY, OJO

APPLICATION FOR CONFIRMATION OF APPOINTMENT FORM FOR JUNIOR STAFF

1. NAME:.....
2. DEPARTMENT/UNIT:.....
3. DATE AND GRADE OF FIRST APPOINTMENT:.....
4. DATE AND GRADE OF PRESENT APPOINTMENT:.....
5. DATE TRANSFERRED TO PERMANENT APPOINTMENT:.....
6. DETAILS OF WORK DONE SINCE APPOINTED:
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7. GUIDELINES FOR CONFIRMATION APPOINTMENT:
 - (a) The Recommendation of Head of Department
 - (i) Satisfactory Performance on the Job
 - (ii) Annual performance Evaluation Report for the last two years
 - (b) All appointment subject to confirmation shall lapse unless confirmed
 - (c) The Appointment and Promotions Committee may grant an extension but if an extension is granted, members of staff shall not have more than a total of three years during which the appointment shall be confirmed or terminated.

8. RECOMMENDATION OF HEAD OF DEPARTMENT/DIVISION
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HEAD OF DEPARTMENT'S SIGNATURE AND DATE:

9. COMMENT BY MEMBER OF STAFF
I agreed/disagree with the recommendation of my Head of Department/Division. I have these additional comments (*Extra sheet may be used if space provided is not enough*)

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SIGNATURE OF STAFF

.....
DATE

.....
SIGNATURE OF HEAD OF DEPARTMENT

.....
DATE