



# LAGOS STATE UNIVERSITY, OJO

## CERTIFICATE OF RESUMPTION OF DUTY FROM LEAVE OF ABSENCE

(A) TO BE COMPLETED BY STAFF

1. NAME.....
2. RESIDENTIAL ADDRESS.....  
.....
3. DATE OF RESUMPTION TO DUTY.....
4. FACULTY.....
5. DEPARTMENT.....

.....  
SIGNATURE OF STAFF

.....  
DATE

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

CERTIFICATION

I CERTIFY THAT DR./MR./MRS./MISS.....  
RESUMED DUTIES FROM LEAVE OF ABSENCE ON.....  
AS..... IN THE DEPT. OF..... ON  
CONUNASS.....  
STEP.....

.....  
H.O.D'S Name & Signature and  
Official Stamp

.....  
Date

(c) **From:** Deputy Registrar  
Non-Academic Staff Establishments

**To:** Bursar  
Lagos State University, Ojo

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

.....  
Signature of Personnel Officer

.....  
Date

.....  
**Deputy Registrar's Signature**  
Non-Academic Staff Establishments

.....  
**Date**

**Cc:** Registrar  
Head of Department  
Internal Audit  
Information Unit  
PF  
File