



LAGOS STATE UNIVERSITY, OJO

CERTIFICATE OF RESUMPTION OF DUTY FROM SABBATICAL LEAVE/TRAINING LEAVE/ STUDY LEAVE/SICK LEAVE

(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 SABBATICAL LEAVE/TRAINING LEAVE/STUDY LEAVE/SICK LEAVE
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 NOTE that
Mr./Mrs./Miss.....ON CONUNASS.....
Resumed duties from Sabbatical Leave/Training Leave/Study
Leave/Sick Leave on.....

.....
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