



LAGOS STATE UNIVERSITY, OJO

STAFF WELFARE UNIT

The Vice-Chancellor

Faculty/Dept.:

Ufs:

PF: AS.....

APPLICATION FOR ANNUAL LEAVE FOR ACADEMIC STAFF

SECTION 'A'

(To be filled by Applicant)

I hereby apply for my Annual Leave as follows:

1. Name of Staff:
2. Marital Status:
3. Phone Number:
4. School/Faculty:
5. Date of First Appointment:
6. Present Designation:
7. Grade/Level:
8. Date of Appointment to the present Designation:
9. Date resumed duty from last Annual Leave:
10. Indicate last Training/Study/Sabbatical/Leave of Absence utilized:
11. Date resumed from (10) above:
12. Leave due for current year:
13. Date Leave to commence:
14. Date Leave to end:
15. Address while on Leave:

Signature / Date

SECTION 'B'
(To be filled by Head of Department)

Vice-Chancellor,

I certify that the above information given by –

Prof./Dr./Mr./Mrs./Miss

are correct and that the Leave is recommended by me as follows:

(a) No. of days to be granted:

(b) Date Leave should commence:

(c) Date Staff should resume duty:

I guarantee that the schedule of duties of the applicant will be adequately covered by
..... during his/her leave.

Signature: _____

Designation: _____

Date: _____

Attestation by the Dean /Director:

Signature: _____

Designation: _____

Date: _____

SECTION 'C'
(For Staff Welfare Unit use only)

No. of Leave days entitled to:

(a) Sick Leave in excess of maximum period allowed:

(b) Casual/Utilized Leave:

(c) Leave now due:

Leave to commence on:

Expected resumption date:

Name/Designation/Signature of Officer (Leave Matters)

SECTION 'D'
(Final Approval by the Vice-Chancellor)

To:

Officer-in-Charge

Academic Staff Establishment

Approval is hereby **granted/not granted** to

Prof./Dr./Mr./Mrs./Miss.....

to proceed on Annual Leave of days

from to and please convey accordingly.

SIGNATURE & DATE