



LAGOS STATE UNIVERSITY, OJO

Staff Welfare Unit

The Registrar

Date:

Ufs:

PF:

APPLICATION FOR MATERNITY LEAVE

SECTION 'A'

(To be filled by Applicant)

I hereby apply for Maternity Leave as follows:

1. Name of Staff:
2. Department/Faculty:
4. Date of First Appointment:
5. Present Designation:
6. Grade/Level:Phone No:
7. Expected Date of Delivery(EDD):
- 8a. Position of the new born child (e.g. 1st, 2nd, 3rd, etc.):
- 8b. Names and Age of Children:
 - (a).
 - (b)
 - (c)
 - (d)
9. Date Leave to commence:
10. I certify that the above information is correct

Signature of Applicant

Date

Name & Signature of Head of Department

Date

NOTE:- Please ensure that all information given above are correct. If any part of this information is found to be false or untrue, necessary **Disciplinary Action** shall be taken against you.

SECTION 'B'
(For Staff Welfare and Training Unit use only)

No. of Leave days entitled to:

Leave to commence on:

Leave to end on:.....

Expected resumption date:

Name/Designation/Signature of Officer (Maternity Leave Matters)

SECTION 'C'
(Final Approval by the Registrar)

To:
Officer-in-Charge
Staff Welfare and Training Unit

Approval is hereby ***granted/not granted*** to
Prof./Dr./Mr./Mrs./Miss.....
to proceed on Maternity Leave of days
from to and please convey accordingly.

SIGNATURE & DATE