



LAGOS STATE UNIVERSITY, OJO

Staff Welfare Unit

The Registrar

Date:

Ufs:

PF:

APPLICATION FOR PATERNITY LEAVE

SECTION 'A'

(To be filled by Applicant)

I hereby apply for Paternity Leave as follows:

1. Name of Staff:

2. Department/Faculty:

4. Date of First Appointment:

5. Present Designation:

6. Grade/Level: Phone No:

7a. Position of the new born child (e.g. 1st or 2nd):
(Please attach birth certificate of the new born)

7b. Names and Age of Children:

(a).

(b).

(c).

(d).

8. Date Leave to commence:

9. 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.

Also NOTE that, the Paternity Leave is in relation to the Spouse's first two deliveries.

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