

LAGOS STATE UNIVERSITY COLLEGE OF MEDICINE, IKEJA
NON- ACADEMIC STAFF ESTABLISHMENTS AND TRAINING DIVISION

CERTIFICATE OF RESUMPTION OF DUTY

(A) TO BE COMPLETED BY STAFF ON TRAINING/STUDY LEAVE/LEAVE OF ABSENCE OR SABBATICAL LEAVE/SECONDMENT/TRANSFER e.t.c

1. NAME/PF NO.:
2. DEPARTMENT/DIVISION/UNIT:
3. TYPE OF LEAVE/POSTING:
4. DURATION OF LEAVE/POSTING:
5. LOCATION:
6. DATE OF RESUMPTION OF DUTY:

.....
SIGNATURE OF STAFF DATE

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

CERTIFICATION

I CERTIFY THAT DR/MR/MRS.MISS:.....
RESUMED DUTY IN THE DEPARTMENT/DIVISION/UNIT.....
ON.....

.....
H.O.D'S NAME & SIGNATURE DATE

.....
COLLEGE SECRETARY'S NAME/SIGNATURE DATE

(C) From: DEPUTY REGISTRAR TO: FINANCIAL CONTROLLER
Non-Academic Staff Establishment Division

Above is for your information.

Kindly NOTE that.....resumed from.....
.....please place his/her name on the pay roll
On CONUNASS.....step.....
With effect from.....

.....
Signature of Personnel Officer Date

.....
DR NASE&T Date

cc: College Secretary
Financial Controller
Deputy Director, Internal Audit
Information Unit
PF