

**LAGOS STATE UNIVERSITY COLLEGE OF MEDICINE, IKEJA**

**1, Oba Akinjobi way, Ikeja**

**P.M.B 21266, Ikeja**

**CERTIFICATE OF ASSUMPTION OF DUTY**  
**SENIOR STAFF**

**CERTIFICATE OF ASSUMPTION OF DUTY AS .....**

**(A) (TO BE COMPLETED BY THE STAFF ON TEMPORARY APPOINTMENT)**

1. Name: .....
2. Position: .....
3. Salary: ..... CONUNASS: ..... STEP: .....
4. Residential Address: .....
5. Date of Assumption of Duty: .....
6. Faculty: .....
7. Department/Division/Unit: .....

.....  
**SIGNATURE OF STAFF**

.....  
**DATE**

**(B) (TO BE COMPLETED BY THE DEAN/HEAD OF DEPARTMENT)**

**CERTIFICATION**

I certify that PROF/DR/MR/MRS/MISS: .....  
assumed duties with the Lagos State University College of Medicine on ..... as  
..... in the Department of .....  
..... on CONUNASS  
..... **STEP** .....

This appointment which is with effect from .....  
is a temporary one.

.....  
**DEAN/H.O.D'S NAME, SIGNATURE AND OFFICIAL STAMP**

.....  
**DATE**

**(C) From:** College Secretary  
LASUCOM, Ikeja.

**To:** Financial Controller  
LASUCOM, Ikeja

**Date:** .....

Above is for your information. Kindly place his/her name on the payroll on CONUNASS ..... **STEP** .....

Personal File No.: .....

.....  
**SIGNATURE OF PERSONNEL OFFICER**

.....  
**DATE**

.....  
**COLLEGE SECRETARY'S SIGNATURE**

.....  
**DATE**

**cc:** Head of Department  
Deputy Director, Internal Audit  
Information Unit  
Personal File