

**LAGOS STATE UNIVERSITY COLLEGE OF MEDICINE**  
**P. M.B. 21266, IKEJA**

The College Secretary  
Lagos State University College of Medicine  
Ikeja

**RESUMPTION OF DUTY CERTIFICATE**

I hereby certify that I, .....  
(Name in block letters, SURNAME FIRST)

Resumed duty in the College on.....

Having (a) Proceeded on Vacation/Maternity/Casual Leave on.....

.....  
Signature of Officer  
Resuming Duty

Rank.....

I certify that the foregoing particulars are correct:

Name of Department/Division/Unit.....

Name of Head of Department/Division.....

Signature and Date.....

\* Please delete whichever is not applicable.

NOTE: This form must be completed immediately by the officer concerned on arrival and given to the Head of Department/Section who will countersign and forward to the College Secretary.

If there is any delay in resuming duty, the reason must be stated in separate letter.

cc: Deputy Provost  
Accounts  
Audit