LAGOS STATE UNIVERSITY COLLEGE OF MEDICINE, IKEJA - LAGOS

<u>CERTIFICATE OF ASSUMPTION OF DUTY</u> <u>(JUNIOR STAFF)</u> (To be completed in 5 copies)

Position:	······································	
	HATISS:	
	ned duty:	
	Type of Appointment: (Mark as Applicable)	
	3 months Casual Appointment with effect from:	
	Temporary Appointment subject to review after 6 months (Up to maximum of one year)	
	Permanent Appointment	
	Contract Appointment with effect from:	
Appointment	nt Reference No.:	
I have seen	and read through a copy of the Conditions of Service guiding	Junior Staff, I agree
to abide with	th the rules and regulations.	
SIGNATURE	E OF NEW STAFF	DATE
(Pleas	ase submit along with 3 copies of Staff Personal Record Form o	luly completed)
Certification	on (Appointment Officer)	
Silver and the second s	t MR/MRS/MISS:	
	uties with the State University College of Medicine on	
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	on HATISS Step to	
per annum.	Type of Appointment	
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per annum. Appointment Faculty/Depa Signature of HEAD OF DI	Type of Appointment Int Ref. No. and Date	Date
per annum. Appointment Faculty/Depa Signature of HEAD OF DI	Type of Appointment nt Ref. No. and Date Personal File No.: partment/Division posted to: of Personnel Officer DEPARTMENT	Date
per annum. Appointment Faculty/Depa Signature of HEAD OF DI I certify that I assumed dut (Faculty/Dep	Type of Appointment Int Ref. No. and Date	Date
per annum. Appointment Faculty/Depa Signature of HEAD OF DI I certify that I assumed dut (Faculty/Dep Signature an	Type of Appointment Int Ref. No. and Date Personal File No.: Deartment/Division posted to: OF Personnel Officer DEPARTMENT If Mr./Mrs./Miss Luties in the	Date

TO THE FINANCIAL CONTROLLER

Above is for your information please. Place his/her name on the pay roll as per details stated above.

College Secretary		
,	Dat	e

FOR PERSONNEL AFFAIRS DIVISION USE ONLY

- 1. References Confirmed:
- 2. Previous Employers, Testimonial Confirmed:
- Original Certificates Checked: 3.
 - Current Medical Certificate Result:
- Staff Personal Record Checked: 6 Nominal Roll Update: 7.
- 4. Transfer of Service Records: 5.

 - 8.
 - Identity Card Issued: Staff No.:
- DISTRIBUTION
 - Accounts Department

 - Personal File (Personnel Affairs Division)
- - Department File (H.O.D.)
- Internal Audit Unit
- Information