

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

PF:.....

DATE:.....

The Registrar,

Ufs:.....

**APPLICATION FOR ANNUAL LEAVE**

**SECTION 'A'**

I hereby apply for Annual Leave as stated below:

1. Name of Officer or Employee:.....
2. Married or Single:.....
3. Division/Department/Unit:.....
4. Date of first Appointment:.....
5. Rank/Designation:.....
6. Date of Employment to the Present Post:.....
7. Salary Per Annum:.....
8. Date resumed duty from last Leave:.....
9. Leave due for current year:.....
10. Deferred Leave (quoting authority for deferment):.....
11. Total leave due (Total 9 & 10):.....
12. Date Leave to commence:.....
13. Address while on Leave:.....

.....  
Signature of Applicant

.....  
Date

.....  
Section

**SECTION 'B'**  
(To be completed by Head of Department)

College Secretary,

I certify that the above particulars given by Pro./Dr./Mr./Mrs./Miss.

Are correct and that the Leave is recommended by me as follows:

- (a) Number of days to be granted: .....
- (b) Date Leave should commenced: .....
- (c) Date Staff should resumed duty: .....

I also certify that the schedule of duties of the applicant will be adequately covered by: .....

.....During his/her Leave

Signature: .....

Designation: .....

Date: .....

**SECTION 'C'**  
(For Establishment Office use only)

Number of leave days entitled to: .....

- (a) Sick Leave in excess or maximum period allowed: .....
- (b) Casual Leave: .....
- (c) Leave now due: .....

Leave to commence on : .....

Expected resumption date: .....

.....  
Designation /Signature of Establishment Officer (Leave Matter)

**Section 'D'**  
(Final Approval as may be applicable)

To: Officer in-Charge  
Personnel Division

Approval is hereby granted/not granted to:

Prof./Dr./Mr./Mrs./Miss: .....

To proceed on annual leave of ..... days

From ..... to ..... And please convey accordingly

.....  
**COLLEGE SECRETARY/DATE**