

**LAGOS STATE UNIVERSITY COLLEGE OF MEDICINE, IKEJA**  
**1, OBA AKINJOBI WAY, IKEJA**  
**P.M.B 21266, IKEJA**

**COLLEGE ADMINISTRATION**  
**CLEARANCE FORM ON RETIREMENT/RESIGNATION/WITHDRAWAL/TRANSFER OF**  
**APPOINTMENT**

**A      Personal Data**

1.      Officer's Name:.....
2.      Date of Birth:.....
3.      Rank/Designation:.....
4.      Grade Level: .....
5.      Staff PF No/Salary Scale: .....
6.      Pension Fund Administration (PFA): .....
7.      RSA PIN: .....
8.      Faculty:.....
9.      Department/Division/Unit:.....
10.     Date of Assumption of Duty:.....
11.     Effective Date of Exit from the College:.....
12.     Residential Address in LASUCOM:.....  
.....
13.     Contact Address after exit from the College:.....
14.     Next of Kin/Beneficiary: .....

**B      1.      BURSARY/ACCOUNTS:**

**DEBTORS AND ADVANCES SECTION**

(To be completed by the Accounts, Receivable section of the Bursary Department)

State balance of Advances obtained by the officer

- i.      Salary Advance:.....
- ii.     Cash Advance:.....
- iii.    Vehicle Loan:.....
- iv.    Other Loans:.....
- v.     Department Imprest Accounts:.....
- vi.    Research Grant Advance:.....
- vii.   Debtors Ledger Accounts:.....

**ACCOUNTS RECEIVABLE SECTION**  
**(SIGNATURE AND STAMP)**

2. **LIBRARY DEPARTMENT** (To be completed by the Medical Librarian)  
Please indicate any indebtedness or otherwise against the officer in respect of books borrowed from and not returned to the Library as at:.....  
.....

**MEDICAL LIBRARIAN**  
**(SIGNATURE AND STAMP)**

3. **MAINTENANCE DEPARTMENT:** (To be completed by the Maintenance Officer)  
Please indicate hereunder the indebtedness or otherwise against this officer in respect of housing furniture allocated and not found in the residence and other items at date of checking out.....  
.....

**H.O.D, WORKS & SERVICE**  
**(SIGNATURE & STAMP)**

4. **ACADEMIC/SERVICE DEPARTMENT:** (To be completed by officer's H.O.D/ Division and countersigned by H.O.D. State College property in officer's care or custody yet to be handed over to you.  
i. .... iv.....  
ii. .... v.....  
iii. ....

**HEAD OF DEPARTMENT**  
**(SIGNATURE & STAMP)**

5. **LASUCOM C.T.C.S:** (To be completed by the President, Intellectual Group Multipurpose Cooperative Society) Please indicate hereunder any indebtedness of this staff to I.G.M.C.S.  
.....  
.....

**PRESIDENT**  
**(SIGNATURE & STAMP)**

6. **LASUCOM AGRIC:** (To be completed by the President, Medik Forum Agricultural Multipurpose Cooperative Society) Please indicate hereunder any indebtedness of this staff to M.F.A.M.S  
.....  
.....

**PRESIDENT**  
**(SIGNATURE & STAMP)**

7. **BURSAR:** (To be completed by the Head of Bursary Department)

Please indicate below the total indebtedness of this officer.

.....  
.....

**BURSAR**  
**(SIGNATURE & STAMP)**

8. **INTERNAL AUDIT UNIT:** (To be completed by the Head of the Internal Audit Unit)

Please confirm, indicate or otherwise the officer’s indebtedness stated in B1 – B7 above:

.....  
.....

**INTERNAL AUDITOR**  
**(SIGNATURE & STAMP)**

9. **GENERAL DUTIES:** (To be completed by the Head of General Duties)

Please confirm/indicate, if the officer is not in possession of any College property.

.....  
.....

**DATE**

**HEAD, GENERAL DUTIES**  
**(SIGNATURE)**

10. **GENERAL REMARKS:** (To be completed by the Personnel Affairs Officer after considering all the above before recommendation payment of officer’s terminal salary).

.....  
.....

**DATE**

**PERSONNEL AFFAIRS OFFICER**  
**(SIGNATURE)**

11. **COLLEGE ADMINISTRATION**

CLEARED /NOT CLEARED

STATE REASON FOR NOT BEING CLEARED.

.....  
.....

**DATE**

**COLLEGE SECRETARY**  
**(SIGNATURE & STAMP)**

- Please, kindly attach your last payslip
- Please file in two forms and submit both forms with two (2) photocopies.