LAGOS STATE UNIVERSITY, OJO

NON-ACADEMIC STAFF ESTABLISHMENT DIVISION
ADMINISTRATIVE & TECHNICAL UNIT

CERTIFICATE OF RESUMPTION OF DUTY FROM ANNUAL LEAVE/MATERNITY LEAVE

TO BE COMPLETED BY STAFF

1. Name (Surname first): ……..
2. Official Status & PF Number: ……
3. Current Duty Post: ……..
4. Expected Date of Resumption from Leave:……..
5. Actual Date of Resumption from Leave:……
6. Reason for late resumption from Leave (If any)……..

…….. ……

Signature of Staff **Date**

…… ……

H.O.D'S Name & Signature **Date**

To Be Completed By Establishment Officer

Staff Current Duty Post: ……..

A change in Posting where considered necessary: ……..

…… ……

Signature of Officer **Date**

Cc: Head of Department
PF