



# LAGOS STATE UNIVERSITY, OJO

The Registrar

Date: .....

Ufs: .....

PF: .....

**ACADEMIC STAFF**  
**APPLICATION FOR DEFERMENT OF ANNUAL LEAVE**

**SECTION 'A'**

*(To be filled by Applicant in triplicate)*

I hereby apply for my Annual Leave as state below:

1. Name of Staff: .....
2. Marital Status: .....
3. Faculty/Department/Unit: .....
4. Date of First Appointment: .....
5. Present Designation: .....
6. Grade/Level: .....Phone No: .....
7. Date of Appointment to the present Designation: .....
8. Reason for Deferment: .....  
.....
9. Proposed Time of Utilization of Deferred Leave: .....
10. Date deferred Leave to end: .....
11. Date Leave to end: .....
12. Address while on Leave: .....  
.....

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Faculty/Department/Unit*

\_\_\_\_\_

Date

**SECTION 'B'**

*(To be filled by Head of Department/Unit)*

**Registrar,**

I certify that the above information given by –

**Prof./Dr./Mr./Mrs./Miss** .....  
are correct and that the Leave is recommended by me as follows:

(a) No. of days to be granted: .....

(b) Date Leave should commence: .....

(c) Date Staff should resume duty: .....

I also certify that the schedule of duties of the applicant will be adequately covered by ..... during his/her leave.

Signature: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

**Attestation by the Dean of Faculty:**

Signature: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION 'C'**

*(For Staff Welfare and Training Unit use only)*

No. of Leave days entitled to: .....

(a) Sick Leave in excess of maximum period allowed: .....

(b) Casual/Utilized Leave: .....

(c) Leave now due: .....

Leave to commence on: .....

Expected resumption date: .....

\_\_\_\_\_  
Name/Designation/Signature of Officer (Leave Matters)

**SECTION 'D'**

*(Final Approval as may be applicable)*

**{Vice-Chancellor/Registrar}**

To:

Officer-in-Charge

Staff Welfare and Training Unit

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.

\_\_\_\_\_  
**SIGNATURE & DATE**

\_\_\_\_\_  
**DESIGNATION**