



LAGOS STATE UNIVERSITY, OJO

The Registrar

Date:

Ufs:

PF:

NON-TEACHING 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: _____

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)

{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