



LAGOS STATE UNIVERSITY OF EDUCATION

OTO/IJANIKIN, LAGOS STATE.

{WITH A CAMPUS @ ODO-NOFORIJA, EPE, LAGOS STATE}

STAFF WELFARE DIVISION LEAVE FORM ACADEMIC STAFF

**APPLICATION FOR ANNUAL/CASUAL/MATERNITY/PATERNITY/SPECIAL/EXAMINATION/RESEARCH
LEAVE FOR SENIOR STAFF (ACADEMIC STAFF)**

PART I: TO BE COMPLETED BY THE APPLICANT

FOR LEAVE YEAR ENDING 31ST

DECEMBER.....

NAME OF STAFF:.....STAFF NO:.....

PRESENT

RANK/DESIGNATION:.....DEPT/COLLEGE/UNIT:.....

DATE RESUMED DUTY FROM LAST

LEAVE:.....

DEFFERED/ARREARS LEAVE:.....

LEAVE ENTITLEMENT:.....NO OF DAYS:.....

NO. OF DAYS REQUESTED:.....

LEAVE TO COMMENCE ON:.....LEAVE TO END ON:.....

TO RESUME ON :.....BALANCE FOR THE CURRENT

YEAR:.....

INDICATE LAST TRAINING/STUDY/SABATICAL/SPECIAL/LEAVE OF ABSENCE UTILISED.....

CURRENT ADDRESS DURING LEAVE:.....

.....

PHONE NO:.....EMAIL ADDRESS:.....

.....

DATE

.....

SIGNATURE OF APPLICANT

PART II: TO BE COMPLETED BY THE HEAD OF DEPARTMENT

I.....certify that the information provided by Prof./Dr./Mr./Mrs./Miss.....are correct.

I also confirm that:

- i. Number of days to be granted is.....
- ii. Commencement date.....
- iii. Resumption date.....

While on leave, the schedule of duties of the applicant will be covered by.....

.....

SIGNATURE & DATE

DESIGNATION

PART III: STAFF WELFARE DIVISION

- i. The Officer is entitled to Days as Annual/Training/Sabbatical/Sick/Casual/Maternity/Special Leave etc
- ii. The Leave is to commence on.....and to end on.....

.....

NAME

SIGNATURE & DATE

PART IV: APPROVAL BY THE VICE CHANCELLOR

From: Vice Chancellor

To: Officer in charge of Staff Welfare Division

Approval is hereby granted/not granted to Prof./Dr./Mr./Mrs.....to proceed
On Annual/Training/Sabbatical/Sick/Casual Leave of.....days.

Or

Deferment of Year.....Leave to.....

.....

SIGNATURE & DATE

LEAVE FORM ACADEMIC STAFF