



LAGOS STATE UNIVERSITY OF EDUCATION
OTO/IJANIKIN, LAGOS STATE.
{WITH A CAMPUS @ ODO-NOFORIJA, EPE, LAGOS STATE}

To be completed in Triplicate

STAFF WELFARE DIVISION

**CERTIFICATE OF RESUMPTION OF DUTY AFTER ANNUAL/CASUAL/MATERNITY/PATERNAL/
SPECIAL/EXAMINATION/RESEARCH LEAVE FOR SENIOR STAFF
(NON-ACADEMICS JUNIOR STAFF)**

NAME OF STAFF:.....

DEPT/COLLEGE/UNIT:.....

PRESENT

RANK/DESIGNATION:.....

DATE LEAVE COMMENCED:.....DATE OF LEAVE ENDED.....

NO OF LEAVE DAYS:.....BALANCE FOR THE CURRENT YEAR:.....

.....
DATE

.....
SIGNATURE OF STAFF

I certify that the above information is correct and that the staff has not overstayed approve leave by:

.....
DATE

.....
HEAD OF DEPARTMENT/UNIT