

# LAGOS STATE UNIVERSITY OF EDUCATION OTO/IJANIKIN, LAGOS STATE, NIGERIA (with a campus @ Odo-Noforija, Epe)

### CONFIRMATION OF APPOINTMENT ACADEMIC STAFF

(A) STAFF DATA	<b>L</b>					
1. NAME/PI						
2. DEPARTMENT/UNIT						
	3. DATE AND GRADE OF FIRST APPOINTMENT					
		DE OF PRESENT APPOINTMENTORK DONE SINCE APPOINTMENT				
J. DETAILS	OF WORK DOILE SINCE ALL					
•••••	•••••	<u> </u>				
SIG	NATURE	DATE				
(B) CHIDELINE	S FOR CONFIRMATION OF AP	PROINTMENT				
	mendation of the Head of Department					
	actory Performance on the Job	an same of the same same same same same same same sam				
	l Performance Evaluation Report fo	or the last two (2) years				
	ntments subject to Confirmation sha					
		e may grant an extension but where an extension				
		ng which the Appointment shall be confirmed				
terminated						
(C) RECOMMEN	DATION OF SUPERVISORY H	EAD:				
		<b>*</b>				
NAI	MF	SIGNATURE				
1 47 \$1		SIGINITURE				
(D) COMMENT I	BY MEMBER OF STAFF					
		f my Head of Department/Division. I have the				
additional com	ments. (Extra sheets may be used if	Space provided is not enough)				
CICNATI	JRE OF STAFF	DATE				
SIGNATO	RE OF STAFF	DATE				
(E) RECOMMEN	DATION OF THE HEAD OF DI	EPARTMENT/DIVISION				
•••••	•••••					
NA	ME	SIGNATURE				
Academic member	s of staff below Lecturer II, cann	ot apply for Confirmation of Appointment				
	(FOR OFFICIAL USE – ES	TABLISHMENT DIVISION)				
(F) APER SCORI	E: (i)					
( )		(ii)				
	(iii)					
	AVERAGE SCORE					



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### CONFIRMATION OF APPOINTMENT NON-ACADEMIC SENIOR STAFF

(A) STAFF DATA 6. NAME/PF		
	Γ/UNIT	
		MENT
		INTMENT DINTMENT
10. DETAILS OF V	YORK DONE SINCE AFF	JINTIVIENT
	•••••	
SIGNATU	JRE	DATE
(d) The recommenda (iii) Satisfactory (iv) Annual Perfo (e) All Appointment (f) The Appointment	Performance on the Job ormance Evaluation Report for is subject to Confirmation sha ats and Promotions Committe	ent shall be based on the following: or the last two (2) years
	ON OF GUIDENVICONY	
` '	ION OF SUPERVISORY H	EAD:
NAME		SIGNATURE
	with the recommendation of	my Head of Department/Division. I have the space provided is not enough)
SIGNATURE O	 DF STAFF	DATE
(E) RECOMMENDATI	ION OF THE HEAD OF DI	EPARTMENT/DIVISION
(2)		
NAME		SIGNATURE
Academic members of st	aff below Lecturer II, cann	ot apply for Confirmation of Appointment
(	FOR OFFICIAL USE – ES	TABLISHMENT DIVISION)
(F) APER SCORE:	(i)	
	(ii)	
	(iii)	•••••
	AVERAGE SCORE	



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#### CONFIRMATION OF APPOINTMENT NON-ACADEMIC JUNIOR STAFF

(A) STAFF DATA 11. NAME/PF				
13. DATE AND GR 14. DATE AND GR	T/UNIT AADE OF FIRST APP AADE OF PRESENT .	OINTMENT APPOINTMENT		
SIGNATU	JRE	•	DATE	
<ul> <li>(v) Satisfactory</li> <li>(vi) Annual Perfo</li> <li>(h) All Appointment</li> <li>(i) The Appointment</li> <li>granted, it shall</li> <li>terminated.</li> </ul>	ation of the Head of De Performance on the Jol ormance Evaluation Re as subject to Confirmati ats and Promotions Con not exceed one year	partment shall be based on port for the last two (2) ye on shall lapse unless confi- nmittee may grant an exter during which the Appo	ars	
			SIGNATURE	
	with the recommendat	ion of my Head of Dep used if space provided is no	partment/Division. I have thes ot enough)	
SIGNATURE C	DF STAFF	•••	DATE	
(E) RECOMMENDATI	ON OF THE HEAD	OF DEPARTMENT/DIV	VISION	
NAME	NAME		SIGNATURE	
N.B: Academic members of st	aff below Lecturer II	, cannot apply for Confir	mation of Appointment	
(	FOR OFFICIAL USI	E – ESTABLISHMENT I	DIVISION)	
(F) APER SCORE:	(i) (ii) (iii) AVERAGE SCO			