



# LAGOS STATE UNIVERSITY OF EDUCATION

## OTO/IJANIKIN, LAGOS STATE.

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

### STAFF WELFARE DIVISION LEAVE FORM NON-ACADEMIC JUNIOR STAFF

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

#### **PART I: TO BE COMPLETED BY THE APPLICANT**

FOR LEAVE YEAR ENDING 31<sup>ST</sup>

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 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 REGISTRAR**

**From:** Registrar

**To:** Officer in charge of Staff Welfare Division

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

Or

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

.....

SIGNATURE & DATE

LEAVE FORM NON-ACADEMIC JUNIOR STAFF