



THE FEDERAL UNIVERSITY OF TECHNOLOGY, AKURE

RESUMPTION FROM LEAVE FORM

KINDLY COMPLETE THIS FORM IN TRIPLICATE

(A) PERSONAL DETAILS

1. NAME (surname first) : (*Prof, Dr, Mr, Mrs, Miss*)
.....
PRESENT STATUS:
2. DEPARTMENT:
3. TYPE OF APPOINTMENT: (*Permanent, Casual, Temporary, Contract, Sabbatical, Visiting Lecturer e.t.c.*)
4. STAFF CATEGORY: (*Junior, Senior, Academic, Others*)
5. SEX:
6. MARITAL STATUS:
7. MAIDEN NAME:

(B) LEAVE DETAILS

1. TYPE OF LEAVE:
2. TYPE OF PROGRAMME (*For Educational Leave-PhD, M. Tech, etc.*):
3. STATUS OF LEAVE (*With Pay/Without Pay*):
4. COMMENCEMENT DATE:
5. EXPECTED DATE OF RESUMPTION:
6. DATE OF RESUMPTION:
7. DURATION OF LEAVE:
8. INSTITUTION WHERE LEAVE WAS SPENT:

(C) COMMENT OF THE HEAD OF DEPARTMENT

I confirm that
.....assumed duty on

SIGNATURE: DATE:

(D) REGISTRAR'S COMMENT

.....
.....
SIGNATURE: DATE: