

**UNIVERSITY OF MEDICAL SCIENCES (UNIMED),
LAJE ROAD, ONDO CITY, ONDO STATE.**



**OFFICE OF THE REGISTRAR
ANNUAL LEAVE FORM**

Leave Year Staff Number

Full Name

Designation

Salary Scale

Date of Appointment

Department/ Faculty

Contact Leave Address

GSM Number Number of Leave Days/Weeks

Date Resumed duty from previous Leave

Date proceeding on Leave

Date Leave Ends

Date of Resumption for Duty

Staff Signature Date

Person responsible for duties during absence{If applicable}

Comments by the Head of Department/Unit

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Name of the HOD/Unit

Signature of HOD/Unit Date

Comments by the Human Resources Officer

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Signature Date

Comment(s) by the Registrar

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Signature Date.....