

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



OFFICE OF THE REGISTRAR

RESUMPTION FROM PATERNITY LEAVE FORM

Leave Year Staff Number

Full Name (Surname Last)

Designation

Department/Faculty

Number of leave days/weeks

Date embarked on Leave

Date of Resumption from Leave

Did you fully utilize your leave? Yes/No

If No, How many day(s) do you have left?

State reason(s) for not fully utilizing your leave

.....

Staff Signature Date

Comments by the Head of Department/Unit

.....

Name of the Dean/HOD/Unit

Signature of Dean/HOD/Unit Date

Comments by the Establishment & Human Resources Officer

.....

Signature..... Date