ADA COLLEGE OF EDUCATION

(P.O. BOX AD 38, ADA – GREATER ACCRA REGION)

RESUMPTION OF DUTY FORM (AFTER ANNUAL LEAVE)

Section A: Personal Information

1. Name of Staff:.....
2. Staff ID Number:.....
3. Department/Unit:.....
4. Designation:.....
5. Date of First Appointment:.....
6. Current Rank:.....

Section B: Leave Details

1. Type of Leave Taken:.....
2. Period of Leave Approved: From: ____ / ____ / _____ To: ____ / ____ / _____
3. Number of Days Approved:.....
4. Date Actually Reported for Duty: ____ / ____ / _____
5. Reason for Delay (if any).....

Section C: Certification By Staff

I, ..., hereby certify that I have resumed duty at Ada College of Education on the date indicated above after my annual leave.

Signature of Staff: ..... Date: ____ / ____ / _____

Section D: Head of Department's/Unit's Confirmation

I hereby confirm that the above-named staff has duly resumed duty on the date stated.

Name of Head of Department/Unit: .....

Signature: ..... Date: ____ / ____ / _____

Section E: Processed by Head Human Resources

Date Received by HR: ____ / ____ / _____

Remarks:..... Signature:.....