The West African Examinations Council



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Head of National Office, West African Examinations Council, PMB 1022, Yaba, Nigeria.

Date:

RESUMPTION OF DUTY CERTIFICATE

I hereby certify that I,		
	(Name in block letters, SURNAME fi	irst)
resumed duty in the Cou	ıncil on:	
having * (a) been appoin	nted on:	
(b) proceeded	on vacation/maternity/casual leave on:	
		ignature of Officer Resuming duty
	Rank:	
I certify that the fore	egoing particulars are correct.	
	Head of Section:	
	Name of Section:	
	Date:	

*Please this form is equally applicable to assumption/resumption of duty.

NOTE: This form must be completed immediately by the officer concerned on arrival and given to the Head of Sections who will countersign and forward to the Deputy Director (HRM).