



GODFREY OKOYE UNIVERSITY

UGWUOMU-NIKE, ENUGU STATE

MONTHLY RETURNS

DEPARTMENT.....

S/N	STAFF ID	NAME OF STAFF	RANK	PHONE NUMBER	STATUS FULL-TIME/PART-TIME	SIGNATURE
1						
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I certify that the above listed staff of my Department actually worked for the month of OCTOBER, 2019.

NAME OF Head of Department.....Signature/Date.....

Note: This document must reach the ICT unit, Web Services Section on or before 21st of October 2019.