

**THE FEDERAL UNIVERSITY OF TECHNOLOGY, AKURE**  
**OFFICE OF THE REGISTRAR**  
**DIRECTORATE OF ESTABLISHMENT AND HUMAN RESOURCE**



**APPLICATION FORM FOR PERMISSION TO BE AWAY FROM THE UNIVERSITY**

(To be filled in triplicate by all categories of staff seeking permission to be away from the University for not more than seven (7) days. Relevant supporting documents should be attached)

1. Name of Staff (Prof/Dr/Mr/Mrs/Miss):.....  
Surname Other Names
2. Designation:..... Employment No:.....
3. School/Department/Unit:.....
4. Period to be Away:.....
5. Purpose and Location:.....
6. Name of Officer(s) to Relieve Duty:.....
7. Signature and Date of Applicant:.....
8. Recommendation of HOD/HOU:.....  
.....  
.....  
Name Signature and Date
9. Rec./Approval of Principal Officer/Dean/Director:.....  
.....  
.....  
Name Signature and Date
10. Decision by Vice Chancellor  
.....  
.....  
Signature and Date