

SECTION C: EMPLOYMENT DETAILS

16 DATE OF FIRST APPOINTMENT (DD/MM/YY)

17 EMPLOYMENT STATUS: TEMPORARY PERMANENT CONTRACT CASUAL
(TICK WHERE APPLICABLE)

18 DATE OF CONFIRMATION OF APPOINTMENT (DD/MM/YY)

19 DATE OF RETIREMENT (DD/MM/YY)

20 DATE OF CONTRACT EXPIRATION (DD/MM/YY)
(FOR CONTRACT STAFF ONLY)

21 CADRE: G/L HATISS CONTISS OTHERS

22 GRADE LEVEL ON ENTRY: GRADE LEVEL STEP

23 CURRENT GRADE LEVEL: GRADE LEVEL STEP

24 CURRENT RANK TITLE:

25 LOCAL GOVT/AGENCY

26 LOCAL GOVT TYPE (TICK WHERE APPLICABLE) LGSC LG LCDA SUBEB LGEA LGSPB

27. DEPARTMENT

SECTION D: PAYROLL INFORMATION

28 NAME OF BANK

29 ACCOUNT TYPE (TICK WHERE APPLICABLE) SAVINGS CURRENT OTHERS

30 ACCOUNT NUMBER

SECTION E: RELATIVES INFORMATION

31 NEXT OF KIN

32 RELATIONSHIP

33 ADDRESS OF NEXT OF KIN

34 PHONE NUMBER

35 EMAIL ADDRESS:
@

SECTION F: EDUCATIONAL HISTORY

S/N	INSTITUTION ATTENDED	COURSE STUDIED	QUALIFICATION OBTAINED	YEAR OF GRADUATION
1				
2				
3				
4				
5				
6				
7				
8				

SECTION G: CERTIFICATION/APPROVALS

I confirm that the information given in this form is true, complete and correct

 HEAD OF DEPARTMENT'S NAME SIGNATURE

 DATE

 Director, Admin & Supplies/Director, Admin & General Services SIGNATURE

 DATE

 PERM. SEC/HEAD OF NON-MINISTERIAL DEPARTMENT SIGNATURE

 DATE

NOTE: IT IS A CRIMINAL OFFENCE TO SIGN ATTESTATION FOR PERSONS NOT DULY EMPLOYED

STAFF SIGNATURE WITHIN THE BOX

ATTESTATION

STAFF DETAILS

SURNAME:

OTHER NAMES:

I hereby confirm that the above named person is a bonafide staff of
..... **Oyo State.**

I agree to take full responsibility should he/she be found to be otherwise.

Director, Admin & Supplies/Director, Admin & General Services.....

Name

Date

HOD Signature

Name

Date

Perm Sec Signature

Name

Date

NOTE

**IT IS A CRIMINAL OFFENCE TO ATTEST FOR ANY INDIVIDUAL WHO IS NOT A BONAFIDE STAFF
OF OYO STATE GOVERNMENT.**

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