

**BABCOCK UNIVERSITY  
HUMAN RESOURCES DEPARTMENT  
CONFERENCE/WORKSHOP RESUMPTION OF DUTY FORM**

1. Name.....
2. Position/Rank.....Div/Dept/Unit.....
3. Employment Status- Regular ( ) Contract ( ) Sabbatical ( ) Visiting ( ) BUSSLevel & Step.....
4. Phone No..... Email.....
5. Date of Conference/Workshop/Training.....
6. Date of Departure from BU..... Date of Arrival.....
7. Date of Resumption of Duty.....
8. HOD/Supervisor's Comment.....  
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9. Name of HOD/Supervisor .....
10. Signature of HOD/Supervisor..... Date.....
11. Signature of Staff/Faculty..... Date.....
12. DHR's Signature & Date.....
13. President/Vice-Chancellor's Remarks.....  
.....
14. President/Vice-Chancellor's Signature & Date.....

**Please note that Salary will not be processed until this form is submitted to HR.**