

	Date:
The Deputy Registrar Division of Human Resource UEW Winneba	
Dear Sir/Madam,	
RESUMPTION FROM LEAVE	
Part A: To be completed by staff	
I Prof./Dr./Rev./ Mr. /Mrs./Ms./	
1 Prol./Dr./Rev./ Mr. /Mrs./Ms./	
in the Directorate/School/Faculty/Office/Department of	
has reported for duty from annual leave/ maternity leave/ sick leaver	ve/sabbatical leave/ study leave.
Designation:	Signature:
PART B: To be endorsed by applicant's Head of Department/Se	netion
TAKT B. 10 be enabised by applicant stream of Department/Se	cuon
We write to inform you that Prof./Dr./Rev./Mr./Mrs./Ms./	
has resumed from leave.	
He/she resumed duty on	20
Tre/she resumed duty on	20
Yours faithfully,	
NAME & CICNATUDE OF HEAD OF	
NAME & SIGNATURE OF HEAD OF	