



**INSTITUTE OF ECUMENICAL EDUCATION  
THINKERS CORNER, ENUGU  
MONTHLY RETURNS**

**SCHOOL:** .....

S/ N O	STAFF ID	NAME OF STAFF	RANK	PHONE NUMBER	SIGN	IEcE MAIL  @ieceenugu.edu.ng
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I certify that the above listed staff of my School/Department actually worked for the month of AUGUST, 2019.

NAME of Dean of School: .....Signature/Date.....

Note: This document must reach the ICT unit, on or before 20<sup>TH</sup> of AUGUST 2019.