



**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 OCTOBER, 2019.

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

Note: This document must reach the ICT unit, on or before 20TH of OCTOBER 2019.