



INSTITUTE OF ECUMENICAL EDUCATION

THINKERS CORNER, ENUGU

MONTHLY RETURNS

DEPARTMENT/UNIT:

| 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 Department/Unit actually worked for the month of NOVEMBER, 2019.

NAME of Head of Department/Unit:Signature/Date.....

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