



# 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 MARCH, 2020.

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

**Note:** This document must reach the ICT unit, on or before 20<sup>TH</sup> of MARCH 2020.