



STAFF NO:-

**UNIVERSITY OF LAGOS
HOUSING UNIT
APPLICATION FORM FOR CAMPUS QUARTERS
2020 SESSION**

1. **NAME:**-----
(Surname first, other names in full)

2. **DATE OF BIRTH:**----- **GSM:**-----
(Support with evidence)

3. **FACULTY:**----- **DEPARTMENT:** -----

4. **PRESENT OFFICIAL STATUS:**-----
(Please attach document evidence otherwise no score)
 - (a) Designation: -----
 - (b) Date:-----
 - (c) Basic Salary CONTISS/CONUASS Level: ----- Step: -----
 - (d) Marital Status:-----
(Please attach document evidence otherwise no score)

5. **RECORD OF APPOINTMENT OR PROMOTION TO CONTISS 9 & ABOVE OR CONUASS 3 & ABOVE**
 - (a) Date you first attained CONUASS 3/CONTISS 9 above at UNILAG ONLY:

(Please attach document evidence otherwise no score)

 - (b) Date of your appointment or promotion to CONUASS 7 at UNILAG only

(Please attach document evidence otherwise no score)

 - (c) Date of 1st Appointment: -----

6. **SPOUSE**
 - (a) Is your spouse a UNILAG staff? -----
 - (b) If YES State:

- (i) Name of Spouse:-----
- (ii) Department: ----- Tel. No -----
- (iii) Official Status:-----
(Please attach document evidence otherwise no score)

7. OFF CAMPUS RESIDENCE

- (a) Have you lived off Campus in Lagos as a UNILAG employee on CONUASS 3 and above or CONTISS 9 and above?
- (i) University rented accommodation YES/NO []
- (ii) Self rented accommodation YES/NO []
- (b) If YES give date of actual address of residence -----

- (c) State date(s) of leave of absence or leave abroad-----

- (d) Address of actual residence -----

8. CHILDREN *(Must be supported by Birth Certificates otherwise no score)*

- (a) Number of Children: -----
- (b) Ages-----
- (c) Gender and Names: -----

9. CAMPUS RESIDENCE:

- (a) When did you move to Campus? -----
- (b) If already on campus; when did you move to present campus quarters?

 ----- Tel. No: ----- GSM -----
- (b) Particulars of people living in your boys-quarters (if any)
 (You can use separate sheets if necessary)
 - Number:-----
 - Relationship to you:-----
 - Their Names:-----
 - Their occupations (give addresses and names of employers or department and faculties (if students): -----

10. **SERVICE TO UNILAG COMMUNITY**

(a) Have you ever served as Hall Master/Mistress/Assistant/Chaplain/Warden/ Assistant or elected executive of a staff Union or the Staff club/cooperative society? YES/NO []

If YES give dates and offices held -----

(b) Have you been a Dean or Sub-Dean of a Faculty or Head of Academic or Administration Department or Unit? YES/NO []

If YES give Dates and capacity -----

(c) State date(s) when you served as your Faculty Examinations Officer: -----

(d) Have you served in any of Council/Senate/ Congregation/Standing Committees?
Give document evidence for all categories.

11. **DISTRIBUTION OF POINTS**

(a) **Seniority:**

(i) Vertical:

CONTISS	09	CONUASS	3	10 Point
CONTISS	10	CONUASS	-	15 Point
CONTISS	11	CONUASS	4	20 Point
CONTISS	12	CONUASS	-	25 Point
CONTISS	13	CONUASS	5	30 Point
CONTISS	14	CONUASS	6	35 Point
CONTISS	15	CONUASS	7	40 Point

(b) **Service:**

1 point for each year of service on CONTISS 09 and above/CONUASS 3 at the University of Lagos only.

(c) **Off Campus Residence in Lagos:**

2 points per year of service at the University of Lagos on CONTISS 09 / CONUASS 3 and above.

(d) **On Campus Residence at UNILAG:**

Have you been allocated a campus accommodation and lived in it for at least ten years? YES/NO []

If YES when you did first moved in

(e) **Spouse:**

(i) 5 points for spouse in employment of University of Lagos

(ii) 2 points for spouse not in the employment of University

(f) **Children: (Supported by Birth Certificates)**

No of Children	Points
1	2
2	3
3	4
4	5

(g) Service to UNILAG Community: 1 point for EACH YEAR

12. **PREFERENCE**

Types of accommodation on campus are listed below:

Quarters listed in category 1 are professorial/Directorate cadres (CONTISS 14 & 15, CONUASS 6 & 7) as in 11(a) (iii) above only while any staff on CONTISS 09/CONUASS 3 and above can choose from category 2. Please indicate ONE choice only by description and letter code. You will only be considered for the one indicated during any particular allocation year. Below are types of accommodation available for allocation this year:

<u>Category 1: (Professorial Cadre)</u>		
Description		Letter Code
Duplex	3 Bedroom	2A

<u>Category 2:</u>		
Description		Letter Code
Flat	3 Bedroom	5C
Flat	2 Bedroom	5B
Terrace	2 Bedroom	6A

Please indicate below your one preference, by description and letter code

In words: -----

Applicant's Signature: ----- Date: -----

13. **VERIFICATION BY HEAD OF DEPARTMENT** -----

Signature of Head of Department----- Date -----

Official Stamp-----

14. **VERIFICATION OF INFORMATION SUPPLIED BY DEPUTY REGISTRAR (Personnel)**

Official Stamp-----

15. **VERIFICATION BY SECRETARY (Housing Unit)**

Signature:----- Date:-----

Official Stamp -----

Self Score: _____

Scoreable positions - for service to the community

- Spouse
- Head of Department
- Dean/Sub-Dean
- Faculty Examinations Officer and not Departmental Examination Officer
- Senate Standing Committees
- Congregation Standing Committees
- Chaplain/Imam/Staff Club President/Secretary Cooperatives Societies/Staff Unions
- Council Member
- Unilag Women Society/Staff School/ISL Board Membership
- Directors

**CAMPUS QUARTERS SCORING FORMAT
2019/2020 SESSION**

Name:.....

Department:.....

		SCORE
A	Current Scoring 2020	
	(a) Basic Salary	
	(b) Step	
	(c) How long spent on a step	
B	(a) CONTISS 15 (at UNILAG)	
	(b) CONUASS 7 (at UNILAG)	
C	Off-Campus/Campus (<i>CONTISS 09 and CONUASS 03 at UNILAG only</i>)	
D	Spouse	
E	Children	
F	Service to UNILAG Community	
	Total Scoring	

.....
Signature & Date of Housing

.....
*Signature & Date of Chairman, Committee Member
Housing Committee*