



FEDERAL ROAD SAFETY CORPS

NATIONAL HEADQUARTERS, ZONE 3, WUSE DISTRICT, ABUJA

ADMIN AND HUMAN RESOURCES DEPARTMENT

FRSC/HQ/AHR/38/VOL.I/02

12 Jul, 2020

See Distribution

UPDATED ASSUMPTION/RESUMPTION OF DUTY CERTIFICATE

The above subject refers.

2. Sequel to current efforts to rejig AHR's processes, it was observed that current Assumption/Resumption of Duty Certificate in the FRSC does not meet the current processes of the Corps.
3. Consequent on the above, Corps Marshal has approved and directed the usage of the updated Assumption/Resumption of Duty Certificate henceforth. See attached.
4. Commanding Officers are hereby directed to ensure that the updated Assumption/Resumption of Duty Certificate is used by their respective Commands. Any Command that forwards assumption of duty using the old format will be returned.
5. Treat as imperative.

DCM Ojeme I Ewurdjakpor, *fdc, NPOM*

Deputy Corps Marshal (Admin & Human Resources)

For: Corps Marshal

Distribution

Internal Action

Departments
Corps Offices
Special Units

External Action

ZCOs
SCs
UCs
FRSC Acad
FRSC Trg Sch
FCSC
Plants
Signage
Print Farm

Internal Info

CM
PSO-CM
file

3. Consequent on the above, Corps Marshal has approved and directed the usage of the updated Assumption/Resumption of Duty Certificate henceforth. See attached.

4. Commanding Officers are hereby directed to ensure that the updated Assumption/Resumption of Duty Certificate is used by their respective Commands. Any Command that forwards assumption of duty using the old format will be returned.

5. Total as imperative.


DCM O James I Eshred, Major, AFSC
Deputy Corps Marshal (Admin & Human Resources)
Peri Corps Marshal



FEDERAL ROAD SAFETY CORPS

National Headquarters, Abuja

ASSUMPTION/RESUMPTION OF DUTY CERTIFICATE

(To be completed in triplicate)

Affix Passport
Size Photograph

A. Personal Detail

Name (Surname First): _____

Rank & Designation: _____ Phone No: _____

PIN: _____ CONPASS/Step: _____

Command/Department: _____

Date of Present Appt: _____ Type of Appt: _____

Date of Assumption of Duty: _____ Job Assigned: _____

State of Origin: _____ Local Government: _____

B. Staff Resuming from Approved Leave

Approved No. of Days: _____ Date Resuming from Leave: _____

Was Leave Short Spent? (Tick as appropriate): Yes: _____ No: _____ If 'Yes' Why: _____

Was Leave Over Spent (Tick as appropriate): Yes: _____ No: _____ If 'Yes' Why: _____

C. Staff on Transfer/Posting

Former Command: _____

New Command: _____

Date Transferred to New Command: _____

Date Resumed in New Command: _____

Job Schedule Assigned: _____

D. Reinstated Staff

Date of Termination: _____

Former Command: _____

Date Reinstated: _____ Date of Resumption: _____

New Command: _____

Job Schedule Assigned: _____

Type of Appt (Permanent, Secondment or Contract): _____

Staff Resuming/Assuming Duty

Signature and Date

Commanding Officer

Signature and Date