

**Joining Acknowledgement Form  
For All Employees**

**Joining Report**

I, \_\_\_\_\_ have joined LUMS as \_\_\_\_\_ in the  
(Full Name) (Designation/Title)  
school/department/office of \_\_\_\_\_ with effect from \_\_\_\_\_  
(School/Department/Office) (dd/mm/yyyy)  
If contractual, please mention: Contract Start Date: \_\_\_\_\_ Contract End Date: \_\_\_\_\_

**Return from Leave (For Faculty Only)**

I, \_\_\_\_\_ have returned from (choose one from below options)  
Full Name  
 Sabbatical       Leave without pay       Medical Leave       Maternity Leave       Paternity Leave  
 PhD Study Leave       Short Leave       Other (Please specify) \_\_\_\_\_  
with effect from (date) \_\_\_\_\_

**Acknowledgement/Approvals**

\_\_\_\_\_  
DD-MON-YY Supervisor

\_\_\_\_\_  
DD-MON-YY Department Chair / HOD

\_\_\_\_\_  
DD-MON-YY Dean

\_\_\_\_\_  
DD-MON-YY Vice Chancellor / Provost

Forward the original copy to Human Resources. Receiving (if required) can be obtained through email