




Name: .....

Department:.....

Post title: .....

Day	Date	Time	Total	Leave	Employee	Replacement	Supervisor
		(From-To)	hours	Type(N,S)	signature	signature	signature
Saturday	1-Apr-23						
Sunday	2-Apr-23						
Monday	3-Apr-23						
Tuesday	4-Apr-23						
Wednesday	5-Apr-23						
Thursday	6-Apr-23						
Saturday	8-Apr-23						
Sunday	9-Apr-23						
Monday	10-Apr-23						
Tuesday	11-Apr-23						
Wednesday	12-Apr-23						
Thursday	13-Apr-23						
Saturday	15-Apr-23						
Sunday	16-Apr-23						
Monday	17-Apr-23						
Tuesday	18-Apr-23						
Wednesday	19-Apr-23						
Thursday	20-Apr-23						
Saturday	22-Apr-23						
Sunday	23-Apr-23						
Monday	24-Apr-23						
Tuesday	25-Apr-23						
Wednesday	26-Apr-23						
Thursday	27-Apr-23						
Saturday	29-Apr-23						
Sunday	30-Apr-23						

Leave type: N: Normal , S: Sick.

  
 Signature of Director  
 Muhammad Omer Ali