



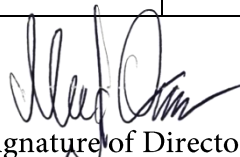
Name:

Department:.....

Post title:

Day	Date	Time	Total	Leave	Employee	Replacement	Supervisor
		(From-To)	hours	Type(N,S)	signature	signature	signature
Monday	1-May-23						
Tuesday	2-May-23						
Wednesday	3-May-23						
Thursday	4-May-23						
Saturday	6-May-23						
Sunday	7-May-23						
Monday	8-May-23						
Tuesday	9-May-23						
Wednesday	10-May-23						
Thursday	11-May-23						
Saturday	13-May-23						
Sunday	14-May-23						
Monday	15-May-23						
Tuesday	16-May-23						
Wednesday	17-May-23						
Thursday	18-May-23						
Saturday	20-May-23						
Sunday	21-May-23						
Monday	22-May-23						
Tuesday	23-May-23						
Wednesday	24-May-23						
Thursday	25-May-23						
Saturday	27-May-23						
Sunday	28-May-23						
Monday	29-May-23						
Tuesday	30-May-23						
Wednesday	31-May-23						

Leave type: N: Normal, S: Sick.


 Signature of Director
 Muhammad Omer Ali