



Name: .....

Department:.....

Post title: .....

Day	Date	Time	Total	Leave	Employee	Replacement	Supervisor
		(From-To)	hours	Type(N,S)	signature	signature	signature
Saturday	1-Jul-23						
Sunday	2-Jul-23						
Monday	3-Jul-23						
Tuesday	4-Jul-23						
Wednesday	5-Jul-23						
Thursday	6-Jul-23						
Saturday	8-Jul-23						
Sunday	9-Jul-23						
Monday	10-Jul-23						
Tuesday	11-Jul-23						
Wednesday	12-Jul-23						
Thursday	13-Jul-23						
Saturday	15-Jul-23						
Sunday	16-Jul-23						
Monday	17-Jul-23						
Tuesday	18-Jul-23						
Wednesday	19-Jul-23						
Thursday	20-Jul-23						
Saturday	22-Jul-23						
Sunday	23-Jul-23						
Monday	24-Jul-23						
Tuesday	25-Jul-23						
Wednesday	26-Jul-23						
Thursday	27-Jul-23						
Saturday	29-Jul-23						
Sunday	30-Jul-23						
Monday	31-Jul-23						

Leave type: N: Normal, S: Sick.

Signature of Director  
Muhammad Omer Ali