



Name:

Department:.....

Post title:

Day	Date	Time	Total	Leave	Employee	Replacement	Supervisor
		(From-To)	hours	Type(N,S)	signature	signature	signature
Tuesday	1-Aug-23						
Wednesday	2-Aug-23						
Thursday	3-Aug-23						
Saturday	5-Aug-23						
Sunday	6-Aug-23						
Monday	7-Aug-23						
Tuesday	8-Aug-23						
Wednesday	9-Aug-23						
Thursday	10-Aug-23						
Saturday	12-Aug-23						
Sunday	13-Aug-23						
Monday	14-Aug-23						
Tuesday	15-Aug-23						
Wednesday	16-Aug-23						
Thursday	17-Aug-23						
Saturday	19-Aug-23						
Sunday	20-Aug-23						
Monday	21-Aug-23						
Tuesday	22-Aug-23						
Wednesday	23-Aug-23						
Thursday	24-Aug-23						
Saturday	26-Aug-23						
Sunday	27-Aug-23						
Monday	28-Aug-23						
Tuesday	29-Aug-23						
Wednesday	30-Aug-23						
Thursday	31-Aug-23						

Leave type: N: Normal, S: Sick.

Signature of Director
Muhammad Omer Ali