



Name: .....

Department:.....

Post title: .....

Day	Date	Time	Total	Leave	Employee	Replacement	Supervisor
		(From-To)	hours	Type(N,S)	signature	signature	signature
Wednesday	1-Nov-23						
Thursday	2-Nov-23						
Saturday	4-Nov-23						
Sunday	5-Nov-23						
Monday	6-Nov-23						
Tuesday	7-Nov-23						
Wednesday	8-Nov-23						
Thursday	9-Nov-23						
Saturday	11-Nov-23						
Sunday	12-Nov-23						
Monday	13-Nov-23						
Tuesday	14-Nov-23						
Wednesday	15-Nov-23						
Thursday	16-Nov-23						
Saturday	18-Nov-23						
Sunday	19-Nov-23						
Monday	20-Nov-23						
Tuesday	21-Nov-23						
Wednesday	22-Nov-23						
Thursday	23-Nov-23						
Saturday	25-Nov-23						
Sunday	26-Nov-23						
Monday	27-Nov-23						
Tuesday	28-Nov-23						
Wednesday	29-Nov-23						
Thursday	30-Nov-23						

Leave type: N: Normal, S: Sick.

Signature of Director  
Muhammad Omer Ali