



Name:

Department:.....

Post title:

Day	Date	Time	Total	Leave	Employee	Replacement	Supervisor
		(From-To)	hours	Type(N,S)	signature	signature	signature
Thursday	1-Feb-24						
Saturday	3-Feb-24						
Sunday	4-Feb-24						
Monday	5-Feb-24						
Tuesday	6-Feb-24						
Wednesday	7-Feb-24						
Thursday	8-Feb-24						
Saturday	10-Feb-24						
Sunday	11-Feb-24						
Monday	12-Feb-24						
Tuesday	13-Feb-24						
Wednesday	14-Feb-24						
Thursday	15-Feb-24						
Saturday	17-Feb-24						
Sunday	18-Feb-24						
Monday	19-Feb-24						
Tuesday	20-Feb-24						
Wednesday	21-Feb-24						
Thursday	22-Feb-24						
Saturday	24-Feb-24						
Sunday	25-Feb-24						
Monday	26-Feb-24						
Tuesday	27-Feb-24						
Wednesday	28-Feb-24						
Thursday	29-Feb-24						

Leave type: N: Normal, S: Sick.

Signature of Director
Muhammad Omer Ali