



Name: .....

Department:.....

Post title: .....

Day	Date	Time	Total	Leave	Employee	Replacement	Supervisor
		(From-To)	hours	Type(N,S)	signature	signature	signature
Saturday	2-Mar-24						
Sunday	3-Mar-24						
Monday	4-Mar-24						
Tuesday	5-Mar-24						
Wednesday	6-Mar-24						
Thursday	7-Mar-24						
Saturday	9-Mar-24						
Sunday	10-Mar-24						
Monday	11-Mar-24						
Tuesday	12-Mar-24						
Wednesday	13-Mar-24						
Thursday	14-Mar-24						
Saturday	16-Mar-24						
Sunday	17-Mar-24						
Monday	18-Mar-24						
Tuesday	19-Mar-24						
Wednesday	20-Mar-24						
Thursday	21-Mar-24						
Saturday	23-Mar-24						
Sunday	24-Mar-24						
Monday	25-Mar-24						
Tuesday	26-Mar-24						
Wednesday	27-Mar-24						
Thursday	28-Mar-24						
Saturday	30-Mar-24						
Sunday	31-Mar-24						

Leave type: N: Normal, S: Sick.

Signature of Director  
Muhammad Omer Ali