



Name:

Department:.....

Post title:

Day	Date	Time	Total	Leave	Employee	Replacement	Supervisor
		(From-To)	hours	Type(N,S)	signature	signature	signature
Monday	1-Apr-24						
Tuesday	2-Apr-24						
Wednesday	3-Apr-24						
Thursday	4-Apr-24						
Saturday	6-Apr-24						
Sunday	7-Apr-24						
Monday	8-Apr-24						
Tuesday	9-Apr-24						
Wednesday	10-Apr-24						
Thursday	11-Apr-24						
Saturday	13-Apr-24						
Sunday	14-Apr-24						
Monday	15-Apr-24						
Tuesday	16-Apr-24						
Wednesday	17-Apr-24						
Thursday	18-Apr-24						
Saturday	20-Apr-24						
Sunday	21-Apr-24						
Monday	22-Apr-24						
Tuesday	23-Apr-24						
Wednesday	24-Apr-24						
Thursday	25-Apr-24						
Saturday	27-Apr-24						
Sunday	28-Apr-24						
Monday	29-Apr-24						
Tuesday	30-Apr-24						

Leave type: N: Normal, S: Sick.

Signature of Director
Muhammad Omer Ali