



Name:

Department:.....

Post title:

Day	Date	Time	Total	Leave	Employee	Replacement	Supervisor
		(From-To)	hours	Type(N,S)	signature	signature	signature
Wednesday	1-May-24						
Thursday	2-May-24						
Saturday	4-May-24						
Sunday	5-May-24						
Monday	6-May-24						
Tuesday	7-May-24						
Wednesday	8-May-24						
Thursday	9-May-24						
Saturday	11-May-24						
Sunday	12-May-24						
Monday	13-May-24						
Tuesday	14-May-24						
Wednesday	15-May-24						
Thursday	16-May-24						
Saturday	18-May-24						
Sunday	19-May-24						
Monday	20-May-24						
Tuesday	21-May-24						
Wednesday	22-May-24						
Thursday	23-May-24						
Saturday	25-May-24						
Sunday	26-May-24						
Monday	27-May-24						
Tuesday	28-May-24						
Wednesday	29-May-24						
Thursday	30-May-24						

Leave type: N: Normal, S: Sick.

Signature of Director
Muhammad Omer Ali