



Name:

Department:.....

Post title:

Day	Date	Time	Total	Leave	Employee	Replacement	Supervisor
		(From-To)	hours	Type(N,S)	signature	signature	signature
Saturday	1-Jun-24						
Sunday	2-Jun-24						
Monday	3-Jun-24						
Tuesday	4-Jun-24						
Wednesday	5-Jun-24						
Thursday	6-Jun-24						
Saturday	8-Jun-24						
Sunday	9-Jun-24						
Monday	10-Jun-24						
Tuesday	11-Jun-24						
Wednesday	12-Jun-24						
Thursday	13-Jun-24						
Saturday	15-Jun-24						
Sunday	16-Jun-24						
Monday	17-Jun-24						
Tuesday	18-Jun-24						
Wednesday	19-Jun-24						
Thursday	20-Jun-24						
Saturday	22-Jun-24						
Sunday	23-Jun-24						
Monday	24-Jun-24						
Tuesday	25-Jun-24						
Wednesday	26-Jun-24						
Thursday	27-Jun-24						
Saturday	29-Jun-24						
Sunday	30-Jun-24						

Leave type: N: Normal, S: Sick.

Signature of Director
Muhammad Omer Ali