



Name:

Department:.....

Post title:

Day	Date	Time	Total	Leave	Employee	Replacement	Supervisor
		(From-To)	hours	Type(N,S)	signature	signature	signature
Monday	1-Jul-24						
Tuesday	2-Jul-24						
Wednesday	3-Jul-24						
Thursday	4-Jul-24						
Saturday	6-Jul-24						
Sunday	7-Jul-24						
Monday	8-Jul-24						
Tuesday	9-Jul-24						
Wednesday	10-Jul-24						
Thursday	11-Jul-24						
Saturday	13-Jul-24						
Sunday	14-Jul-24						
Monday	15-Jul-24						
Tuesday	16-Jul-24						
Wednesday	17-Jul-24						
Thursday	18-Jul-24						
Saturday	20-Jul-24						
Sunday	21-Jul-24						
Monday	22-Jul-24						
Tuesday	23-Jul-24						
Wednesday	24-Jul-24						
Thursday	25-Jul-24						
Saturday	27-Jul-24						
Sunday	28-Jul-24						
Monday	29-Jul-24						
Tuesday	30-Jul-24						
Wednesday	31-Jul-24						

Leave type: N: Normal, S: Sick.

Signature of Director
Muhammad Omer Ali