



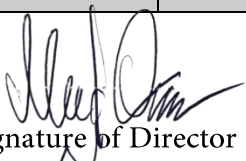
Name:

Department:.....

Post title:

Day	Date	Time	Total	Leave	Employee	Replacement	Supervisor
		(From-To)	hours	Type(N,S)	signature	signature	signature
Thursday	1-Aug-24						
Saturday	3-Aug-24						
Sunday	4-Aug-24						
Monday	5-Aug-24						
Tuesday	6-Aug-24						
Wednesday	7-Aug-24						
Thursday	8-Aug-24						
Saturday	10-Aug-24						
Sunday	11-Aug-24						
Monday	12-Aug-24						
Tuesday	13-Aug-24						
Wednesday	14-Aug-24						
Thursday	15-Aug-24						
Saturday	17-Aug-24						
Sunday	18-Aug-24						
Monday	19-Aug-24						
Tuesday	20-Aug-24						
Wednesday	21-Aug-24						
Thursday	22-Aug-24						
Saturday	24-Aug-24						
Sunday	25-Aug-24						
Monday	26-Aug-24						
Tuesday	27-Aug-24						
Wednesday	28-Aug-24						
Thursday	29-Aug-24						
Saturday	31-Aug-24						

Leave type: N: Normal, S: Sick.


 Signature of Director
 Muhammad Omer Ali