



Name:

Department:.....

Post title:

Day	Date	Time	Total	Leave	Employee	Replacement	Supervisor
		(From-To)	hours	Type(N,S)	signature	signature	signature
Sunday	1-Dec-24						
Monday	2-Dec-24						
Tuesday	3-Dec-24						
Wednesday	4-Dec-24						
Thursday	5-Dec-24						
Saturday	7-Dec-24						
Sunday	8-Dec-24						
Monday	9-Dec-24						
Tuesday	10-Dec-24						
Wednesday	11-Dec-24						
Thursday	12-Dec-24						
Saturday	14-Dec-24						
Sunday	15-Dec-24						
Monday	16-Dec-24						
Tuesday	17-Dec-24						
Wednesday	18-Dec-24						
Thursday	19-Dec-24						
Saturday	21-Dec-24						
Sunday	22-Dec-24						
Monday	23-Dec-24						
Tuesday	24-Dec-24						
Wednesday	25-Dec-24						
Thursday	26-Dec-24						
Saturday	28-Dec-24						
Sunday	29-Dec-24						
Monday	30-Dec-24						
Tuesday	31-Dec-24						

Leave type: N: Normal, S: Sick.

Signature of Director
Muhammad Omer Ali