



Name: .....

Department:.....

Post title: .....

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

Leave type: N: Normal, S: Sick.

Signature of Director  
Muhammad Omer Ali