



Name:

Department:.....

Post title:

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

Leave type: N: Normal, S: Sick.

Signature of Director
Muhammad Omer Ali