



Name:

Department:.....

Post title:

Day	Date	Time	Total	Leave	Employee	Replacement	Supervisor
		(From-To)	hours	Type(N,S)	signature	signature	signature
Saturday	2-Sep-23						
Sunday	3-Sep-23						
Monday	4-Sep-23						
Tuesday	5-Sep-23						
Wednesday	6-Sep-23						
Thursday	7-Sep-23						
Saturday	9-Sep-23						
Sunday	10-Sep-23						
Monday	11-Sep-23						
Tuesday	12-Sep-23						
Wednesday	13-Sep-23						
Thursday	14-Sep-23						
Saturday	16-Sep-23						
Sunday	17-Sep-23						
Monday	18-Sep-23						
Tuesday	19-Sep-23						
Wednesday	20-Sep-23						
Thursday	21-Sep-23						
Saturday	23-Sep-23						
Sunday	24-Sep-23						
Monday	25-Sep-23						
Tuesday	26-Sep-23						
Wednesday	27-Sep-23						
Thursday	28-Sep-23						
Saturday	30-Sep-23						

Leave type: N: Normal, S: Sick.

Signature of Director
Muhammad Omer Ali