



Name:

Department:.....

Post title:

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

Leave type: N: Normal, S: Sick.

Signature of Director
Muhammad Omer Ali