



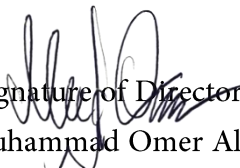
Name:

Department:.....

Post title:

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

Leave type: N: Normal, S: Sick.

Signature of Director

 Muhammad Omer Ali