



Name:

Department:.....

Post title:

Day	Date	Time	Total	Leave	Employee	Replacement	Supervisor
		(From-To)	hours	Type(N,S)	signature	signature	signature
Saturday	1-Feb-25						
Sunday	2-Feb-25						
Monday	3-Feb-25						
Tuesday	4-Feb-25						
Wednesday	5-Feb-25						
Thursday	6-Feb-25						
Saturday	8-Feb-25						
Sunday	9-Feb-25						
Monday	10-Feb-25						
Tuesday	11-Feb-25						
Wednesday	12-Feb-25						
Thursday	13-Feb-25						
Saturday	15-Feb-25						
Sunday	16-Feb-25						
Monday	17-Feb-25						
Tuesday	18-Feb-25						
Wednesday	19-Feb-25						
Thursday	20-Feb-25						
Saturday	22-Feb-25						
Sunday	23-Feb-25						
Monday	24-Feb-25						
Tuesday	25-Feb-25						
Wednesday	26-Feb-25						
Thursday	27-Feb-25						

Leave type: N: Normal, S: Sick.

Signature of Director
Muhammad Omer Ali