



Name:

Department:.....

Post title:

Day	Date	Time	Total	Leave Type(N,S)	Employee signature	Replacement signature	Supervisor signature
		(From-To)	hours				
Monday	1-Dec-25						
Tuesday	2-Dec-25						
Wednesday	3-Dec-25						
Thursday	4-Dec-25						
Saturday	6-Dec-25						
Sunday	7-Dec-25						
Monday	8-Dec-25						
Tuesday	9-Dec-25						
Wednesday	10-Dec-25						
Thursday	11-Dec-25						
Saturday	13-Dec-25						
Sunday	14-Dec-25						
Monday	15-Dec-25						
Tuesday	16-Dec-25						
Wednesday	17-Dec-25						
Thursday	18-Dec-25						
Saturday	20-Dec-25						
Sunday	21-Dec-25						
Monday	22-Dec-25						
Tuesday	23-Dec-25						
Wednesday	24-Dec-25						
Thursday	25-Dec-25						
Saturday	27-Dec-25						
Sunday	28-Dec-25						
Monday	29-Dec-25						
Tuesday	30-Dec-25						
Wednesday	31-Dec-25						

Leave type: N: Normal, S: Sick.

Signature of Director
Muhammad Omer Ali