



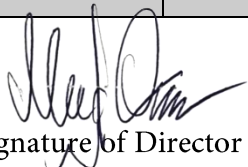
Name:

Department:.....

Post title:

Day	Date	Time	Total	Leave Type(N,S)	Employee signature	Replacement signature	Supervisor signature
		(From-To)	hours				
Saturday	1-Nov-25						
Sunday	2-Nov-25						
Monday	3-Nov-25						
Tuesday	4-Nov-25						
Wednesday	5-Nov-25						
Thursday	6-Nov-25						
Saturday	8-Nov-25						
Sunday	9-Nov-25						
Monday	10-Nov-25						
Tuesday	11-Nov-25						
Wednesday	12-Nov-25						
Thursday	13-Nov-25						
Saturday	15-Nov-25						
Sunday	16-Nov-25						
Monday	17-Nov-25						
Tuesday	18-Nov-25						
Wednesday	19-Nov-25						
Thursday	20-Nov-25						
Saturday	22-Nov-25						
Sunday	23-Nov-25						
Monday	24-Nov-25						
Tuesday	25-Nov-25						
Wednesday	26-Nov-25						
Thursday	27-Nov-25						
Saturday	29-Nov-25						
Sunday	30-Nov-25						

Leave type: N: Normal, S: Sick.


Signature of Director
Muhammad Omer Ali