



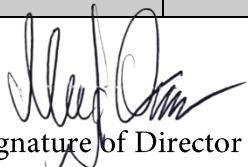
Name:

Department:.....

Post title:

Day	Date	Time	Total	Leave Type(N,S)	Employee signature	Replacement signature	Supervisor signature
		(From-To)	hours				
Thursday	1-Jan-26						
Saturday	3-Jan-26						
Sunday	4-Jan-26						
Monday	5-Jan-26						
Tuesday	6-Jan-26						
Wednesday	7-Jan-26						
Thursday	8-Jan-26						
Saturday	10-Jan-26						
Sunday	11-Jan-26						
Monday	12-Jan-26						
Tuesday	13-Jan-26						
Wednesday	14-Jan-26						
Thursday	15-Jan-26						
Saturday	17-Jan-26						
Sunday	18-Jan-26						
Monday	19-Jan-26						
Tuesday	20-Jan-26						
Wednesday	21-Jan-26						
Thursday	22-Jan-26						
Saturday	24-Jan-26						
Sunday	25-Jan-26						
Monday	26-Jan-26						
Tuesday	27-Jan-26						
Wednesday	28-Jan-26						
Thursday	29-Jan-26						
Saturday	31-Jan-26						

Leave type: N: Normal, S: Sick.


 Signature of Director
 Muhammad Omer Ali