



Name:

Department:.....

Post title:

Day	Date	Time	Total	Leave Type(N,S)	Employee signature	Replacement signature	Supervisor signature
		(From-To)	hours				
Tuesday	1-Apr-25						
Wednesday	2-Apr-25						
Thursday	3-Apr-25						
Saturday	5-Apr-25						
Sunday	6-Apr-25						
Monday	7-Apr-25						
Tuesday	8-Apr-25						
Wednesday	9-Apr-25						
Thursday	10-Apr-25						
Saturday	12-Apr-25						
Sunday	13-Apr-25						
Monday	14-Apr-25						
Tuesday	15-Apr-25						
Wednesday	16-Apr-25						
Thursday	17-Apr-25						
Saturday	19-Apr-25						
Sunday	20-Apr-25						
Monday	21-Apr-25						
Tuesday	22-Apr-25						
Wednesday	23-Apr-25						
Thursday	24-Apr-25						
Saturday	26-Apr-25						
Sunday	27-Apr-25						
Monday	28-Apr-25						
Tuesday	29-Apr-25						
Wednesday	30-Apr-25						

Leave type: N: Normal, S: Sick.

Signature of Director
Muhammad Omer Ali