



Name:

Department:.....

Post title:

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

Leave type: N: Normal, S: Sick.

Signature of Director
Muhammad Omer Ali

