Komar University of Science and Technology

Monthly Leave Permit (2025) office of HR

KUST HR 311

Name: .....

Department:.....

Post title: .....

Day	Date	Time (From-To)	Total hours	Leave Type(N,S)	Employee signature	Replacement signature	Supervisor signature
Saturday	2-Aug-25						
Sunday	3-Aug-25						
Monday	4-Aug-25						
Tuesday	5-Aug-25						
Wednesday	6-Aug-25						
Thursday	7-Aug-25						
Saturday	9-Aug-25						
Sunday	10-Aug-25						
Monday	11-Aug-25						
Tuesday	12-Aug-25						
Wednesday	13-Aug-25						
Thursday	14-Aug-25						
Saturday	16-Aug-25						
Sunday	17-Aug-25						
Monday	18-Aug-25						
Tuesday	19-Aug-25						
Wednesday	20-Aug-25						
Thursday	21-Aug-25						
Saturday	23-Aug-25						
Sunday	24-Aug-25						
Monday	25-Aug-25						
Tuesday	26-Aug-25						
Wednesday	27-Aug-25						
Thursday	28-Aug-25						
Saturday	30-Aug-25						
Sunday	31-Aug-25						

Leave type: *N*: *Normal*, *S*: *Sick*.

Signature of Director

Muhammad Omer Ali