**Application to Work at Home**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: Supervisor

Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student ID:　　　　　　　　　)

I would like to apply to work at home for the following reasons.

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| Reason for application | (Connected with handling of influenza)□ Have an underlying condition including chronic respiratory illness, chronic cardiac diseaseHospital name (\_\_\_\_\_\_\_\_\_\_＿＿＿＿＿＿＿ Tel: \_\_\_\_\_\_\_\_\_\_＿＿＿＿＿＿＿＿＿)Doctor’s name (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿)Remarks (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿)□ Pregnant□ Child with influenza□ Temporary closing of elementary school, etc.□ Temporary closing of care facility□ Restrictions of riding on public transportation□ Restrictions on travel, etc. |
| (Connected with handling of earthquake disasters)□ Temporary closing of elementary school, etc.□ Temporary closing of care facility□ Closing of public transportation□ Closing of roads□ Fuel shortage including gasoline |
| □ Others (To prevent the spread of COVID-19)□ Others (To respond to local government’s request)□ Others (\_\_\_\_\_\_\_\_\_\_\_\_) |
| Work contents to be engaged in at home and environment where work will be conducted | □ Preparation of materials□ Review and information collection□ Data entry□ OthersList specific contents and environment where work will be conducted at home |
| Method of implementation | □ Use PC, etc.　\* Check that security is guaranteed according to the “Items to be checked in the home PC settings” and sign on the form.□ Others (\_\_\_\_\_\_\_\_\_\_) |
| Report method of the work results | □ When coming to office□ E-mail□ Tel□ Fax□ Post |
| Desired period/date of working at home |  |
| Contact methods | Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Tel (Home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Tel (Mobile phone): \_\_\_\_\_\_\_\_\_\_\_\_□ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

This is to approve the above application to work at home dated \_\_\_\_\_\_\_\_\_\_.

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| Supervisor |  |  | Working Hour Manager |
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