**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 disease  Hospital 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  □ Others  List 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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