

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.

Reason for application	(Connected with handling of influenza) <input type="checkbox"/> Have an underlying condition including chronic respiratory illness, chronic cardiac disease Hospital name (_____ Tel: _____) Doctor's name (_____) Remarks (_____)
	<input type="checkbox"/> Pregnant <input type="checkbox"/> Child with influenza <input type="checkbox"/> Temporary closing of elementary school, etc. <input type="checkbox"/> Temporary closing of care facility <input type="checkbox"/> Restrictions of riding on public transportation <input type="checkbox"/> Restrictions on travel, etc.
	(Connected with handling of earthquake disasters) <input type="checkbox"/> Temporary closing of elementary school, etc. <input type="checkbox"/> Temporary closing of care facility <input type="checkbox"/> Closing of public transportation <input type="checkbox"/> Closing of roads <input type="checkbox"/> Fuel shortage including gasoline
	<input type="checkbox"/> Others (To prevent the spread of COVID-19) <input type="checkbox"/> Others (To respond to local government's request) <input type="checkbox"/> Others (_____)
Work contents to be engaged in at home and environment where work will be conducted	<input type="checkbox"/> Preparation of materials <input type="checkbox"/> Review and information collection <input type="checkbox"/> Data entry <input type="checkbox"/> Others List specific contents and environment where work will be conducted at home
Method of implementation	<input type="checkbox"/> 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. <input type="checkbox"/> Others (_____)
Report method of the work results	<input type="checkbox"/> When coming to office <input type="checkbox"/> E-mail <input type="checkbox"/> Tel <input type="checkbox"/> Fax <input type="checkbox"/> Post
Desired period/date of working at home	
Contact methods	Address: _____ <input type="checkbox"/> E-mail: _____ <input type="checkbox"/> Tel (Home): _____ <input type="checkbox"/> Tel (Mobile phone): _____ <input type="checkbox"/> Fax: _____

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

Supervisor			Working Hour Manager