**Work at Home Result Report**

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

To: Supervisor

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

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

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

(Student ID:　　　　　　　　　)

I hereby report that I have completed the work at home as follows:

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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 ( ) |
| Approved period/date of working at home |  |
| Work contents |  |
|  | |

Date:

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| Supervisor |  |  | Working Hour Manager |
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