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

Date:

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| Supervisor |  |  | Working Hour Manager |
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