

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:

Reason for application	<p>(Connected with handling of influenza)</p> <p><input type="checkbox"/> Have an underlying condition including chronic respiratory illness, chronic cardiac disease Hospital name (_____) Tel: (_____) Doctor's name (_____) Remarks (_____)</p> <p><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.</p> <hr style="border-top: 1px dashed black;"/> <p>(Connected with handling of earthquake disasters)</p> <p><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</p> <hr style="border-top: 1px dashed black;"/> <p><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 (_____)</p>
Approved period/date of working at home	
Work contents	

Date: _____

Supervisor			Working Hour Manager