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| **Working Day Report** | | | | |
| **Date\*：** | | | | |
| **Requester\*** | |  | **Department\*** |  |
| **Body Temperature\*** | | **Today's Body Temperature \_\_\_\_ C (If forehead temperature exceeds 37.5 degrees Celsius or ear temperature exceeds 38 degrees Celsius, please seek medical attention immediately and inform your supervisor)** | | |
| **NO.** | **Today's Tasks/Activities\*** | | **Completion Status\*** | **Remarks** |
|  |  | |  |  |
| **Expected Tasks for the Next Working Day:** | | | | |
| **Supervisor's Response:** | | | | |