

Employment Certificate

To Mayor of KadenaTown

Date of Certification	YY	MM	DD
Name of company			
Name of employer			
Company president & CEC			
Telephone number	—	—	
Name of person in charge			
Tel.No.of person in charge	—	—	

I hereby certify that the following information is correct.

※Preparing or making any change of the certificate without consent of the employer may constitutes criminal offense.

No.	Item	Column																																																																					
1	Job category	<input type="checkbox"/> Agriculture, forestry <input type="checkbox"/> Fishery <input type="checkbox"/> Mining and quarrying of stone and gravel <input type="checkbox"/> Construction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Electricity, Gas, Heat supply and Water <input type="checkbox"/> Information and communications <input type="checkbox"/> Transport and postal activities <input type="checkbox"/> Wholesale and Retail trade <input type="checkbox"/> Finance and Insurance <input type="checkbox"/> Real estate and goods rental and leasing <input type="checkbox"/> Scientific research, professional and technical services <input type="checkbox"/> Accommodations, eating and drinking services <input type="checkbox"/> Living-related and personal services and amusement services <input type="checkbox"/> Medical, health care and welfare <input type="checkbox"/> Education, learning support <input type="checkbox"/> Compound services <input type="checkbox"/> Government service <input type="checkbox"/> Others ()																																																																					
2	Katakana Name of applicant	<input type="text"/>																																																																					
		Date of birth YY MM DD																																																																					
3	Employment period	<input type="checkbox"/> Indefinite <input type="checkbox"/> Fixed Start(scheduled) date of work YY MM DD ~ YY MM DD																																																																					
4	Location of workplace	Name <input type="text"/> Address <input type="text"/>																																																																					
5	Employment status	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Dispatched workforce <input type="checkbox"/> Contract <input type="checkbox"/> Fiscal year at public office <input type="checkbox"/> Executive officer <input type="checkbox"/> Self-employed <input type="checkbox"/> Full-time self-employed <input type="checkbox"/> Family employee <input type="checkbox"/> Home worker <input type="checkbox"/> Outsourcing <input type="checkbox"/> Others()																																																																					
6	Work hour (Fixed working hours)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Mon</th><th>Tue</th><th>Wed</th><th>Thu</th><th>Fri</th><th>Sat</th><th>Sun</th><th>Holiday</th><th>Total time</th><th>Per month</th><th>(Break time Min.)</th></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td><td></td><td></td></tr> <tr> <td colspan="8">Number of working days per month</td><td>days</td><td>Number of working days per week</td><td>days</td></tr> <tr> <td colspan="8">Weekday</td><td>:</td><td>~</td><td>:</td><td>(Break time Min.)</td></tr> <tr> <td colspan="8">Saturday</td><td>:</td><td>~</td><td>:</td><td>(Break time Min.)</td></tr> <tr> <td colspan="8">Sunday Holiday</td><td>:</td><td>~</td><td>:</td><td>(Break time Min.)</td></tr> </table>	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Holiday	Total time	Per month	(Break time Min.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Number of working days per month								days	Number of working days per week	days	Weekday								:	~	:	(Break time Min.)	Saturday								:	~	:	(Break time Min.)	Sunday Holiday								:	~	:	(Break time Min.)
		Mon	Tue	Wed	Thu	Fri	Sat	Sun	Holiday	Total time	Per month	(Break time Min.)																																																											
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																														
		Number of working days per month								days	Number of working days per week	days																																																											
	Weekday								:	~	:	(Break time Min.)																																																											
	Saturday								:	~	:	(Break time Min.)																																																											
Sunday Holiday								:	~	:	(Break time Min.)																																																												
Work hour (Variable working hours)	Total time		<input type="checkbox"/> Per month <input type="checkbox"/> Per week	:	(Break time Min.)																																																																		
	Number of working days		<input type="checkbox"/> Per month <input type="checkbox"/> Per week	days																																																																			
Main working hours Shifting time		:	~	:	(Break time Min.)																																																																		
7	Recent Employment Record ※Including paid leave ※Including break & over time	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Year+ Month</th><th>Year</th><th>Month</th><th>Year+ Month</th><th>Year</th><th>Month</th><th>Year+ Month</th><th>Year</th><th>Month</th></tr> <tr> <td>days /per month</td><td>hours /per month</td><td>days /per month</td><td>hours /per month</td><td>days /per month</td><td>hours /per month</td><td>days /per month</td><td>hours /per month</td><td>days /per month</td></tr> </table>	Year+ Month	Year	Month	Year+ Month	Year	Month	Year+ Month	Year	Month	days /per month	hours /per month	days /per month	hours /per month	days /per month	hours /per month	days /per month	hours /per month	days /per month																																																			
		Year+ Month	Year	Month	Year+ Month	Year	Month	Year+ Month	Year	Month																																																													
days /per month	hours /per month	days /per month	hours /per month	days /per month	hours /per month	days /per month	hours /per month	days /per month																																																															
8	(Planned)Period of maternity leave	<input type="checkbox"/> Planning to take <input type="checkbox"/> On leave presently Period YY MM DD ~ YY MM DD																																																																					
9	(Planned)Period of childcare leave	<input type="checkbox"/> Planning to take <input type="checkbox"/> On leave presently <input type="checkbox"/> Completed Period YY MM DD ~ YY MM DD																																																																					
10	Take a leave (except maternity leave & childcare leave)	<input type="checkbox"/> Planning to take <input type="checkbox"/> On leave presently <input type="checkbox"/> Completed Reason <input type="checkbox"/> Care leave <input type="checkbox"/> Sick leave <input type="checkbox"/> Others() Period YY MM DD ~ YY MM DD																																																																					
11	Expected date of return-to-work	<input type="checkbox"/> Planning to take <input type="checkbox"/> Completed YY MM DD																																																																					
12	(Planned)Short-hour-work system for childcare	<input type="checkbox"/> Planning to take <input type="checkbox"/> On leave Period YY MM DD ~ YY MM DD																																																																					
		Main shift-time work schedule : ~ : (Break time Min.)																																																																					
13	Do you work at nursery or other childcare facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes(planned) <input type="checkbox"/> No																																																																					
14	Remarks	<input type="text"/>																																																																					
15	Renewal of employment upon contract expiry	<input type="checkbox"/> Yes <input type="checkbox"/> Yes(planned) <input type="checkbox"/> No <input type="checkbox"/> Unknown																																																																					
16	Change of work condition (Currently in process or planning to make)	Change of condition (scheduled) <input type="checkbox"/> Yes <input type="checkbox"/> No Change due to <input type="checkbox"/> Employment status <input type="checkbox"/> Others()																																																																					
		Period of new condition(scheduled) YY MM DD ~ YY MM DD																																																																					
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th rowspan="2">New work hour after change ※Including break time</th> <th>Mo</th> <th>Hours</th> <th>Min.</th> <th rowspan="2">Number of working days</th> <th>days(Per month)</th> </tr> <tr> <th>days</th> <th>Hours</th> <th>Min.</th> <th></th> </tr> </table>	New work hour after change ※Including break time	Mo	Hours	Min.	Number of working days	days(Per month)	days	Hours	Min.																																																												
		New work hour after change ※Including break time		Mo	Hours	Min.		Number of working days	days(Per month)																																																														
days	Hours		Min.																																																																				
New work hour zone after change : ~ : (Break time Min.)																																																																							

(※Employer is not required to fill out below.)

To be filled out by the guardian

Child's name(Katakana)	()	Date of birth	YY	MM	DD
------------------------	-----	---------------	----	----	----