# 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 | ☐ Agriculture, forestry  ☐ Fishery  ☐ Mining and quarrying of stone and gravel  ☐ Construction  ☐ Manufacturing  ☐ Electricity, Gas, Heat supply and Water<br>☐ Information and communications  ☐ Transport and postal activities  ☐ Wholesale and Retail trade  ☐ Finance and Insurance  ☐ Real estate and goods rental and leasing<br>☐ Scienteific research, professional and technical services  ☐ Accomodations, eating and drinking services  ☐ Living-related and personal services and amusement services  ☐ Medical, health care and welfare<br>☐ Education, learning support  ☐ Compound services  ☐ Government service  ☐ Others( ) |

| No. | Item | Column | | | | |
|---|---|---|---|---|---|---|
| 2 | Katakana | | | | | |
| | Name of applicant | | Date of birth | YY | MM | DD |
| 3 | Employment period | ☐ Indefinite  ☐ Fixed  Start(scheduled) date of work | YY MM DD ~ | YY | MM | DD |
| 4 | Location of workplace | Name | | | | |
| | | Address | | | | |
| 5 | Employment status | ☐ Full-time  ☐ Part-time  ☐ Despatched workforce  ☐ Contract  ☐ Fiscal year at public office  ☐ Executive officer<br>☐ Self-employed  ☐ Full-time self-employed  ☐ Family employee  ☐ Home worker  ☐ Outsourcing  ☐ Others( ) | | | | |

### 6 Work hour (Fixed working hours)

| Mon | Tue | Wed | Thu | Fri | Sat | Sun | Holiday | Total time | Per month | | : | (Break time Min.) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | | | | |

| 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 | ☐ Per month  ☐ Per week | : | (Break time Min.) |
|---|---|---|---|
| Number of working days | ☐ Per month  ☐ Per week | days | |
| Main working hours Shifting time | : ~ : | (Break time Min.) | |

### 7 Recent Employment Record ※Including paid leave ※Including break & over time

| Year・Month | Year | Month | Year・Month | Year | Month | Year・Month | Year | Month |
|---|---|---|---|---|---|---|---|---|
| | deys /per month | hours /per month | | deys /per month | hours /per month | | deys /per month | hours /per month |

| No. | Item | Column | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 8 | (Planned)Period of maternity leave | ☐ Planning to take  ☐ On leave presently | | | | | | |
| | | Period | YY | MM | DD ~ | YY | MM | DD |
| 9 | (Planned)Period of childcare leave | ☐ Planning to take  ☐ On leave presently  ☐ Completed | | | | | | |
| | | Period | YY | MM | DD ~ | YY | MM | DD |
| 10 | Take a leave (except maternity leave & childcare leave) | ☐ Planning to take  ☐ On leave presently  ☐ Completed  Reason  ☐ Care leave  ☐ Sick leave  ☐ Others( ) | | | | | | |
| | | Period | YY | MM | DD ~ | YY | MM | DD |
| 11 | Expected date of return-to-work | ☐ Planning to take  ☐ Completed | YY | MM | DD | | | |
| 12 | (Planned)Short-hour-work system for childcare | ☐ Planning to take  ☐ 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? | ☐ Yes  ☐ Yes(planned)  ☐ No | | | | | | |
| 14 | Remarks | | | | | | | |
| 15 | Renewal of employment upon contract expiry | ☐ Yes  ☐ Yes(planned)  ☐ No  ☐ Unknown | | | | | | |
| 16 | Change of work condition (Currently in process or planning to make) | Change of condition (scheduled)  ☐ Yes  ☐ No  Change due to  ☐ Employment status  ☐ Others( ) | | | | | | |
| | | Period of new condition(scheduled) | YY MM DD ~ | YY | MM | DD | | |
| | | New work hour after change ※Including break time | Mo  Hours  Min.  Number of working days  days(Per month)<br>days  Hours  Min. | | | | | |
| | | New work hour zone after change | : ~ : | (Break time | Min.) | | | |

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

### To be filled out by the guardian

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