Certificate Of Employment

To Mayor of Uruma

Date of certification	Year Month Day
Name of Business Office	
Name of Representative	
Location Address	
Tel	
Contact Person Name	
Contact Person Phone Number	

I certify that the following information is true and correct.

※If you make false or after the contents of this certificate without the permission of your employer , you may be charged with a crime under the Criminal Code.

No.	ITEMS	Entry Column
1	Type of Industry	☐ Agriculture・Forestry ☐ Fishing Industry ☐ Mining・Quarrying ☐ Constructio ☐ Manufacturi ☐ Electricity・Gas・Heat Supply ☐ Communication Industr ☐ Postal service ☐ Wholesale・Retail ☐ Finance・Insurance・Business ☐ Real Estate・Leasing Busines ☐ Academic Research ・Specialties ☐ Hospitality・Food Service ☐ Lifestyle-related・Entertainment ☐ Medical Care・Welfare ☐ Education・Learning Suppo ☐ Combined and Multiple Servi ☐ Official Busines ☐ Others( )
2	Furigana (in kana)	Date of Birth
	Full Name	
3	Employment (expected) period,etc.	Period (For No/ Indefinite Period, only fill the starting date of) ～
4	Office / Place of Employment	Name Address
5	Type Of Employment	☐ Full-time ☐ Part-time ☐ Temporary / Contract ☐ Fiscal Year Appointed ☐ Casual Staff ☐ Executive ☐ Self-Employe ☐ Full-time Self Employed ☐ Family Employee ☐ Outsource ☐ Others( )
6	Working Hours (For Fixed Period Working)	Mon ☐ Tue ☐ Wed ☐ Thur ☐ Fri ☐ Sat ☐ Sun ☐ Holidays ☐ Total Hours Monthly Hours Mins (Break Time min) Working Days Per Month Monthly Days Working Days Per Week Weekly Days Weekdays Hours Mins ～ Hours Mins (Break Time Mins) Saturday Hours Mins ～ Hours Mins (Break Time Mins) Sunday Hours Mins ～ Hours Mins (Break Time Mins)
	Working Hours (For Irregular Work)	Total Hours ☐ Monthly ☐ Weekly Hours Mins (Break Time Mins) Number of Working Days ☐ Monthly ☐ Weekly Days Main Working Hours・Shift hours Hours Mins ～ Hours Mins (Break Time Mins)
7	Work Experience ※Number of days includes, paid vacations, Hours Includes breaks and overtime	Years and Months year month Days／Month Hours／Month Years and Months year month Days／Month Hours／Month Years and Months year month Days／Month Hours／Month
8	Maternity leave before and after childbirth ※Includes expected plan to take	☐ Expected to take ☐Currently Taking Period ～
9	Paternity leave ※Includes expected plan to take	☐ Expected to take ☐Currently Taking ☐Taken Period ～
10	Leave other than maternity and paternity leave	☐ Expected to take ☐ Currently Taking Reasons Period ～
11	Returning to Work	☐Expected to Returning work ☐Already returned to work Returning Day
12	Reduced working hours for childcare	☐ Expected to take ☐Currently Taking Period ～ Main Working Hours・Shift hours Hour Min ～ Hour Min (Break Time Mins)
13	In case of Whether the applicant is working as a childcare worker, etc.	☐Yes ☐No
14	Reference Remarks	

※(If you're unable to submit documents that confirm the actual business status, you will be required to submit the following pledge.)

《 Pledge 》

As stated above, I'm self-employed(work at home). If you make a false report or give a false answer to a staff member's question, there is no objection to the collection of all or part of the amount equivalent to the amount of childcare benefits based on Article 12 of the Child Raising Support Act. Additionally , I have no objection to this certificate being invalidated and my use of the childcare facility being terminated.

year month day

I agree to the above and pledge. Parent signature _____

Urumacity Hall Childcare Division TEL098-973-5427