

Employment Certificate

To the Mayor of Uruma city

Date _____

[Office]

This is to certify that the following information is true

Company Location	
Company name	
Representative's Name	seal/signature
Tel	
Filler	

※NOT valid without company seal or seal of representative

Name of employee		Relation		Address of employee	
occupation				Company Location	Address
Date of employment	/ / (dd/mm/yy)				Tel
Period of employment	<input type="checkbox"/> No <input type="checkbox"/> Yes (The employment contract is, or scheduled, to be renewed by ___ year ___ month ___ day)				
Type of employment	<input type="checkbox"/> Regular <input type="checkbox"/> Part time <input type="checkbox"/> Contract worker <input type="checkbox"/> Outsourced worker <input type="checkbox"/> Other ()				
Working Days	<input type="checkbox"/> Regular working days ___ days/week (Work days: Mon Tue Wed Thu Fri Sat Sun) <input type="checkbox"/> Variable Working System ___ days/month (average)			Basic Pay	<input type="checkbox"/> Monthly / <input type="checkbox"/> Daily/ <input type="checkbox"/> Hourly ()
Working hours	※Centractal Working hours including break time		Working time one day (including break time)		Total hours/month
	①	() hours	× () days =	(①) hours	
	②	() hours	× () days =	(②) hours	
	③	() hours	× () days =	(③) hours	
※If there are multiple shift patterns, fill in ② and ③.					
Latest 3 months Payments (Including Paid holiday)	Month of (), Work days () days [total: _____ hrs], Payment amount (yen) Month of (), Work days () days [total: _____ hrs], Payment amount (yen) Month of (), Work days () days [total: _____ hrs], Payment amount (yen) ※No entry required if there is no work record ※Maternity leave or chil care leave, Please write before to maternity(child care)leave.				
About work	·Attendance record (<input type="checkbox"/> Yes · <input type="checkbox"/> No) ·Payment Slip (<input type="checkbox"/> Yes · <input type="checkbox"/> No)				
Insurance / Childcare leave	Employment insurance <input type="checkbox"/> Yes <input type="checkbox"/> No / Regulations for Employee Childcare leave <input type="checkbox"/> Yes <input type="checkbox"/> No				
Maternity leave	From / / to / / (dd/mm/yy)			Expected date of birth	<input type="checkbox"/> Yes (/ /)
Childcare leave	From / / to / / (dd/mm/yy)			Childcare leave	<input type="checkbox"/> No
Sick leave/Family Care leave/Other leave	(1.Sick leave 2.Family care leave 3.Other () from ___ year ___ month ___ day to ___ year ___ month ___ day			Remarks	Can you return to work by the 14th of the month of entering the nursery school <input type="checkbox"/> Yes <input type="checkbox"/> No
Return to work	/ / (dd/mm/yy)	1.Return to work 2.Undecided			

Remarks

○This certificate is attached document necessary for accreditation.
 ○We might contact and ask the person in charge of personnel and salary for reference.
 ○DO NOT provide false information.

Filled in by guardian	Name of child	Date of birth	Nursery (kindergarten) Name