

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	<input type="checkbox"/> Agriculture・Forestry <input type="checkbox"/> Fishing Industry <input type="checkbox"/> Mining・Quarrying <input type="checkbox"/> Constructio <input type="checkbox"/> Manufacturi <input type="checkbox"/> Electricity・Gas・Heat Supply <input type="checkbox"/> Communication Industr <input type="checkbox"/> Postal service <input type="checkbox"/> Wholesale・Retail <input type="checkbox"/> Finance・Insurance・Business <input type="checkbox"/> Real Estate・Leasing Business <input type="checkbox"/> Academic Research ・Specialties <input type="checkbox"/> Hospitality・Food Service <input type="checkbox"/> Lifestyle-related・Entertainment <input type="checkbox"/> Medical Care・Welfare <input type="checkbox"/> Education・Learning Suppo <input type="checkbox"/> Combined and Multiple Service <input type="checkbox"/> Official Business <input type="checkbox"/> 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	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary / Contract <input type="checkbox"/> Fiscal Year Appointed <input type="checkbox"/> Casual Staff <input type="checkbox"/> Executive <input type="checkbox"/> Self-Employer <input type="checkbox"/> Full-time Self Employed <input type="checkbox"/> Family Employee <input type="checkbox"/> Outsource <input type="checkbox"/> Others()																					
6	Working Hours (For Fixed Period Working)	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Holidays		Total Hours	Monthly		Hours		Mins (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"/>	<input type="checkbox"/>													
		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				<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly		Hours				Mins		(Break Time		Mins)							
		Number of Working Days				<input type="checkbox"/> Monthly <input type="checkbox"/> 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		Years and Months		year				month		Years and Months		year		month	
		Days／Month		Hours／Month				Days／Month		Hours／Month		Days／Month		Hours／Month		Days／Month		Hours／Month					
8	Maternity leave before and after childbirth ※Includes expected plan to take	<input type="checkbox"/> Expected to take <input type="checkbox"/> Currently Taking																					
		Period		~																			
9	Paternity leave ※Includes expected plan to take	<input type="checkbox"/> Expected to take <input type="checkbox"/> Currently Taking <input type="checkbox"/> Taken																					
		Period		~																			
10	Leave other than maternity and paternity leave	<input type="checkbox"/> Expected to take <input type="checkbox"/> Currently Taking Reasons																					
		Period		~																			
11	Returning to Work	<input type="checkbox"/> Expected to Returning work <input type="checkbox"/> Already returned to work										Returning Day											
12	Reduced working hours for childcare	<input type="checkbox"/> Expected to take <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> 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 _____