

# 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	Relationship	Address of employee			
occupation		Company Location	Address		
Date of employment	/ / (dd/mm/yy)		Name	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 ※Contractual Working hours including break time ※If there are multiple shift patterns, fill in ② and ③.	Working time one day (including break time)		Monthly working days	working time of month Total hours/month	
	①	( ) hours × ( ) days = ( ) hours	( ) days		( ) hours
	②	( ) hours × ( ) days = ( ) hours	( ) days		( ) hours
③	( ) hours × ( ) days = ( ) hours	( ) days	( ) days	( ) hours	
Latest 3 months Payments (Including Paid holiday) ※No entry required if there is no work record	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 ※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 ( / / ) <input type="checkbox"/> No		
Childcare leave	From / / to / / (dd/mm/yy)				
Sick leave/Family Care leave/Other leave	(1. Sick leave 2. Family care leave 3. Other ( ) )		Childcare leave	Can you return to work by the 14th of the month of entering the nursery school <input type="checkbox"/> Yes <input type="checkbox"/> No	
	from ____ year ____ month ____ day to ____ year ____ month ____ day		Remarks		
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.
- ODO NOT provide false information.

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