Certificate Of Employment

T۵	Mayor	٥f	Hruma
IΩ	wavor	OT	uruma

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

I certify that the following information is true and correct.

XII 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.

Type of Industry	No.	ITEMS	Entry Column																		
Type of Industry				☐ Agriculture · Forestry ☐ Fishing Industry ☐ Mining · Quarrying								g	☐ Constructic ☐ Manufacturi ☐ Electricity・Gas・Heat Supply								
Cacademic Research - Specialities Hospitality-Food Service Ulrestyle-related-Entertamment Medical Care *Welfare Education-Learning Suppo Combined and Multiple Servic Official Businer Others (Commur	nication	Industi		Postal	service	е		Wholesa	le•Retai	il	□ F	inance • Ins	urance	•Business	☐ Rea	l Estate•l	Leasing Busines
Full Name Full Name Period Full Name Name Address Type Of Employment Self-Employee Put-time Part-time Part-time Self-Employee Part-time	1	Type of Industry		Acaden	nic Res	earch	•Spec	ialties				Hospital	ity•Food	d Service		ifestyle-re	lated•E	ntertainme	ent 🗆	Medical	Care • Welfare
Full Name Full Name))		
Full Name		Furigana (in kana)																Dat	e of Birth		
A Office / Place of Employment	2	Full Name																			
4 Office / Place of Employment Address	3																				
Type Of Employment		055 / 51	Name										<u> </u>								
Type Of Employment	4	Office / Place of Employment	Address	3																	
Self-Employee	п	Time Of Freelessment	□ F	Full-tim	ne		Part-1	ime				Tempor	ary / C	Contract	□ F	iscal Year	Appoin	ted [] Casual St	aff	☐ Executive
Working Hours (For Fixed Period Working) Working Days Per Month Working Days Per Month Working Days Per Month Working Days Per Month Working Days Per Meek Working Days Per Week Weekly Days Hours Mins (Break Time Mins) Saturday Hours Mins (Break Time Mins) Total Hours Mins (Break Time Mins) Working Hours (For Irregular Work) Working Hours (For Irregular Work) Work Experience Mins Working Days Monthly Weekly Hours Mins (Break Time Mins) Total Hours Mins (Break Time Mins) Number of Working Days Monthly Weekly Hours Mins (Break Time Mins) Number of Working Days Mins (Break Time Mins) Number of Working Days Monthly Weekly Days Main Working Hours Shift hours Hours Mins (Break Time Mins) Number of Working Days Mins (Break Time Mins) Number of Working Mins (Break Time Mins) Number of Work	J	Type Of Employment		Self-En	nploye		Full-ti	me Self	Emplo	oyed		Family E	mployee	e		Outsource		☐ Oth	ers()
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Saturday Hours Mins Northing Hours Mins Northing		Working Hours	Working Days Per Month						Monthly				Day	rs Worki	ng Da	Days Per Week		Weekly		Days	
Sunday Hours Mins ~ Hours Mins (Break Time Mins) Working Hours (For Irregular Work) Work Experience **Number of days includes, paid vacations, Hour Includes breaks and voertime **Days / Month Hours / Mo		(For Fixed Period Working)	Weekdays Hours						Mins				~ Hours		s	Mins (Br		reak Time		Mins)	
Working Hours (For Irregular Work)	6		Saturday Hours					Mins ~			~	Hours Mins ((Bre	ak Time		Mins)				
Working Hours (For Irregular Work) Number of Working Days			Sund	day			Hours			Mins			~	Hour	s	Mins	(Bre	ak Time		Mins)	
Continue of the continue of			Total H	Total Hours					☐ Monthly ☐ Weekly				Hours			Mins	(Break	k Time Mins)			
Main Working Hours Shift h			Number of Working Days					☐ Monthly ☐ Weekly			eekly/	Days									
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8	,	vacations, Hours Includes breaks and overtime		[Days/	Month			Н	lours/	Month			Days/M	onth	Hours/	/Month	D	ays/Month	ו	Hours/Month
## Period	۰		☐ Expected to take ☐Currently Taking																		
9	٥		Peri	od										~							
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Leave other than maternity and paternity leave Period Returning to Work Returning to Work Reduced working hours for childcare Period Currently Taking Period Reduced working hours for Childcare Main Working Hours Shift hours Hour Min ~ Hour Min (Break Time Mins)	3 Windinges		Perio	od										~							
Period Compaternity leave Compaternity lea	10																				
Reduced working hours for childcare			Peri	od										~							
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						ırs •			Hour			Min	~	Hou	r	Min	(Breal	k Time		Mins)	
13 is working as a childcare worker, ☐ Yes ☐ No etc.	13	is working as a childcare worker,	□Yes		□No																
14 Reference Remarks	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