

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"/> Manufaktur <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 Busines <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 Serv <input type="checkbox"/> Official Busines <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)			
6	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		
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 _____