Certificate Of Employment

Mayor of Uruma 宛

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	☐ Agriculture ☐ Fishing Industry ☐ Mining・Quarrying ☐ Constructic ☐ Manufactur ☐ Electricity・Gas・Heat Supply ☐ Communication Industr ☐ Postal service ☐ Wholesale・Retail ☐ Finance・Insurance・Business ☐ Real Estate・Leasing Business ☐ Academic Research ・Specialties ☐ Hospitality ・Food Service ☐ Lifestyle-related・Entertaiment ☐ Medical Care・Welfare ☐ Education・learning Suppor ☐ Multiple Service ☐ Official Business ☐ Others( )
2	Furigana (in kana)	Date of Birth
	Full Name	
3	Employment (expected) period, etc.	☐ No ☐ Yes Period (For No/Indefinite Period, only fill the starting date of) Year Month Day ～ Year Month Day
4	Office / Place of Employment	Name Address
5	Type Of Employment	☐ Full-time ☐ Part-time ☐ Temporary ☐ Contract ☐ Fiscal year Appointed ☐ Casual Staff ☐ Executive ☐ Self-employec ☐ Full-time Self Employed ☐ Family Employee ☐ Outsource ☐ Others( )
6	Working Hours (For Fixed Period Working)	Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun ☐ Holidays ☐ Total Hours Monthly Hours Mins (BreakTime min) Working Days Per Month Monthly Days Working Days Per Week Weekly Days Weekdays Hours Mins ～ Hours Mins (BreakTime Mins) Saturday Hours Mins ～ Hours Mins (BreakTime Mins) Sunday Hours Mins ～ Hours Mins (BreakTime Mins)
	Working Hours (For Irregular Work)	Total Hours ☐ Monthly ☐ Weekly Hours Mins (BreakTime Mins) Number of Working Days ☐ Monthly ☐ Weekly Days Main Working Hours・Shift hours Hours Mins ～ Hours Mins (BreakTime Mins)
7	Work Experience ※Number of days includes, paid vacations , Hours Includes breaks and overtime	Year / Month year month Year / Month year month Year / Month year month Days/Month Hours/Month Days/Mon Hours/Month Days/Mon Hours/Month
8	Maternity leave before and after childbirth ※Includes expected plan to take	☐ Expected to take ☐Currently Taking Period year month day ～ year month day
9	Paternity Leave ※Includes expected plan to take	☐ Expected to take ☐ Currently Taking Period year Month day ～ year month day
10	Reduced working hours for childcare	☐ Expected to take ☐Currently Taking Reasons Period year month day ～ year month day
11	Returning to Work	☐ Expected to return to work ☐Already returned to wo year month day
12	Reduced working hours for childcare	☐ Expected to take ☐ Currently Taking Period year month day ～ year month day Main Working Hours・Shift hours Hours Min ～ Hours Min (BreakTime Min)
13	Whether or not you actually work as a childcare worker	☐ Yes ☐ No
14	Whether or not the employment contract will be renewed after expiration	☐ Yes ☐ No
15	Shortened period of childcare leave within the facility	☐ Possible ☐ No
16	Possibility of extending childcare leave	☐ Possible ☐ No
17	Period of working alone (including schedule)	year month day ～ year month day
18	Remarks column	
19	Parent/guardian entry field	Child Name / Birthday (year month day) / Facility Name / ☐Currently in use ☐Currently applying Child Name / Birthday (year month day) / Facility Name / ☐Currently in use ☐Currently applying Child Name / Birthday (year month day) / Facility Name / ☐Currently in use ☐Currently applying