Employment certificate

TO:Mr. Uruma Mayor　　【　　/　　/ 2019 】

[Office]

This is to certify the following information is true.

Company location	
company name	
Representative's name	Sign ※Relationship between workers and representative (Yes 【　　】・ No)
Tel	
Filler	

※please refer to Entry example.

Name of the Applicant		Adress of employee	
Date of employment		Company location	address name　　TEL
occupation			
Type of employment	1. Regular　2. Part time 3. contract　4. temporary 5. others (　　)	Working hours ※Centractual working hours including break time	①　:　～　:　(　hours) ②　:　～　:　(　hours) ③　:　～　:　(　hours) ★ (　　) hours/month (average)
Period of employment	1. Yes. The employment contract is, or scheduled, to be renewed by ____ year ____ month ____day. 2. No	Working days	1. fixed shift　(　　) days work a week. (days:Mon Tue Wed Thu Fri Sat Sun) 2. shift work: (　　)days
salary	yen　(Monthly・Daily・Hourly)	・employment insurance (☐ Yes ☐ No) ・social insurance (☐ Yes ☐ No) ・wage slip issue (☐ Yes ☐ No) ・time card issue (☐ Yes ☐ No)	
Latest 3 months Pyament (A paid holiday is included)	Month of(　)(　days) (　) yen Month of(　)(　days) (　)yen Month of(　)(　days) (　)yen		
Maternity leave period	～	Expected date of delivery	1. ☐ Yse (　　) 2. ☐ No
Childcare leave period	～		
Other Leave 【Not included Maternity /Childcare leave】	Sick leave / family care leave / others(　) ～	Remarks	
Return to work day	(　　) Return to work ・ undecided		

※ Remarks

This certificate is attached document necessary for accreditation.

We migth contact and ask the person in charge of personal and salery for reference.

	Student information	Date of birth	Facility name

Contact adress: Uruma city office TEL：０９８－９７３－５４２７