

# 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
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)		<b style="background-color: #ADD8E6;">Basic Pay</b> <input type="checkbox"/> Monthly / <input type="checkbox"/> Daily / <input type="checkbox"/> Hourly ( )
Working hours  ※Centractical 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
	①	( ) hours × ( ) days =	( ) hour ⇒
	②	( ) hours × ( ) days =	( ) hour ⇒
	③	( ) hours × ( ) days =	( ) hour ⇒
		Total	hours/month
①+②+③			
( ) hours/month			
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 ( / / )
Childcare leave	From / / to / / (dd/mm/yy)		<input type="checkbox"/> No
Sick leave/Family Care leave/Other leave	(1. Sick leave 2. Family care leave 3. Other ( ) )		Childcare leave
	from ____ year ____ month ____ day to ____ year ____ month ____ day		
Return to work	/ / (dd/mm/yy)	Remarks	
1. Return to work 2. Undecided			

Remarks
<input type="checkbox"/> This certificate is attached document necessary for accreditation. <input type="checkbox"/> We might contact and ask the person in charge of personnel and salary for reference. <input type="checkbox"/> ODO NOT provide false information.

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