Employment Certificate											
To Mayor of Nakano City 宛						ertification		YY	мм	DD	
※区役所使用欄						company		11	IAIIAI	00	
						Name of responsible person					
					-	Address of company					
					-	Tel.No of company — — —					
						Name of the person in charge					
						Tel.No of above person — — —					
I hereby certify that the following information is correct. **Making or amendment of the certificate without consent of the employer may constitute criminal oddence.											
No.	Item	Column									
1	Type of industry	Agriculture * Forestr Fishery Mining Construction Manufacturing Electricity, Gas, Heat supply and Western Information and communications Transportation Wholesale and Retail trade Finance * Insurance Real estate Academic study Accommodation and food services Services for amusement and hobbies Medical health care and Welfate Education, learning support Compound services Public service Other ()									
2	Name of applicant						Date of Birth		YY I	MM DD	
3	Contract period	☐ indefinite ☐ defini	te Period		YY	MM DD	~	YY	ММ	DD	
4	Main workplace of applicant	Name of workplace Address of workplace									
5	Type of employment	□ Full-time □ Part-time □ Temporary worker thru agency □ Contract employee □ Part-timer at public office □ Officer □ Self-employed □ Family employee □ Side job □ Outsourcing □ Other()									
6	Work hour (Fixed work-hour case)	Mon Tue Wed Thu Fri	Sat Sun Holiday	Total hours	monthly	hours		min (bro	eak time	min)	
		Working days per month days Work				king days per week days					
		Weekday	:		~	:	(bre	ak time	ı	min.)	
		Saturday	:		~	:	(bre	ak time	ı	min.)	
		Sunday and holiday	:		~	:	(bre	ak time	ı	min.)	
		Total hours □ □	Month ☐ Week	<	Hours	Min (bre	ak time		min.)		

Number of days

worked

Main work hour

zone

Days/Month

rear Month Year

☐ Plan to take

☐ Plan to take

☐ Plan to take

☐ Plan to return

☐ Plan to take

Main work hour

zone

Period

Period

Period

☐ Month

Month

☐ On leave

☐ On leave

 $\hfill\square$ On leave

☐ Already return

ΥY

ΥY

ΥY

 \square Yes \square Yes(Planned) \square No

☐ Week

Hours/Month

ММ

 $\ \square$ On leave $\ \square$ Completed

ММ

ММ

☐ Completed

Year Month

DD

DD

DD

Period

Days/Month

Days

Month

Reason

Nursing care leave

ΥY

:

ΥY

MM

Hours/Month

ΥY

YY

ΥY

DD ~

MM

(break time

(break time

rear Month Year

Days/Mont

ММ

ММ

ММ

☐ Sick leave ☐ Other (

DD

ΥY

min.)

 ${\sf Month}$

DD

DD

DD

MM

min)

Hours/Month

DD

Work hour

(Irregular work-hour case)

Recent Employment Record

Xinclude paid leave in days. include break & over time

(Planned)Period of

maternity leave

(Planned)Period of

childcare leave

Time Period of Leave

other than Maternity

Leave/Childcare Leave Expcted date of

return-to-work
(Planned)Change of work

condion by short-hour-work

system for childcare XIncluding schedule

Are you engaged in

nursery teacher?

Remarks

7

8

9

10

11

12

13

14