

# Employment Certificate

To Mayor of Nakano City

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Date of certification	YY	MM	DD
Name of company			
Name of Representative 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 offence.

No.	Item	Column																																																																																																
1	Type of industry	<input type="checkbox"/> Agriculture・Forestry <input type="checkbox"/> Fishery <input type="checkbox"/> Mining <input type="checkbox"/> Construction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Electricity, Gas, Heat supply and Water <input type="checkbox"/> Information and communications <input type="checkbox"/> Transportation <input type="checkbox"/> Wholesale and Retail trade <input type="checkbox"/> Finance・Insurance <input type="checkbox"/> Real estate <input type="checkbox"/> Academic study <input type="checkbox"/> Accommodation and food services <input type="checkbox"/> Services for amusement and hobbies <input type="checkbox"/> Medical health care and Welfare <input type="checkbox"/> Education, learning support <input type="checkbox"/> Compound services <input type="checkbox"/> Public service <input type="checkbox"/> Other( )																																																																																																
2	Furigana(Katakana) Name of applicant	<div></div> <div>Date of Birth YY MM DD</div>																																																																																																
3	Employment period	<input type="checkbox"/> indefinite <input type="checkbox"/> definite (Fixed term)   Period (indefinite case, only start date)   YY MM DD ~ YY MM DD																																																																																																
4	Main workplace of applicant	<div>Name of workplace</div> <div>Address of workplace</div>																																																																																																
5	Type of employment	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary worker through agency <input type="checkbox"/> Contract employee <input type="checkbox"/> Part-timer at public office <input type="checkbox"/> Officer <input type="checkbox"/> Self-employed <input type="checkbox"/> Family employee <input type="checkbox"/> Side job <input type="checkbox"/> Outsourcing <input type="checkbox"/> Other( )																																																																																																
6	Work hour (Fixed work-hour case)  Work hour (Irregular work-hour case)	<table border="1"> <tr> <td>Mon</td><td>Tue</td><td>Wed</td><td>Thu</td><td>Fri</td><td>Sat</td><td>Sun</td><td>Holiday</td><td>Total hours</td><td>monthly</td><td>hours</td><td>min (break time</td><td>min)</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td colspan="9">Working days per month</td><td>days</td><td>Working days per week</td><td colspan="2">days</td></tr> <tr> <td colspan="9">Weekday</td><td>:</td><td>~</td><td>:</td><td>(break time</td><td>min</td></tr> <tr> <td colspan="9">Saturday</td><td>:</td><td>~</td><td>:</td><td>(break time</td><td>min</td></tr> <tr> <td colspan="9">Sunday and holiday</td><td>:</td><td>~</td><td>:</td><td>(break time</td><td>min</td></tr> </table> <table border="1"> <tr> <td>Total hours</td><td><input type="checkbox"/> Month   <input type="checkbox"/> Week</td><td>Hours</td><td>Min (break time</td><td>min</td></tr> <tr> <td>Number of days worked</td><td><input type="checkbox"/> Month   <input type="checkbox"/> Week</td><td>Days</td><td colspan="2"></td></tr> <tr> <td>Main work hour zone</td><td>:</td><td>~</td><td>:</td><td>(break time min.)</td></tr> </table>	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Holiday	Total hours	monthly	hours	min (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"/>						Working days per month									days	Working days per week	days		Weekday									:	~	:	(break time	min	Saturday									:	~	:	(break time	min	Sunday and holiday									:	~	:	(break time	min	Total hours	<input type="checkbox"/> Month <input type="checkbox"/> Week	Hours	Min (break time	min	Number of days worked	<input type="checkbox"/> Month <input type="checkbox"/> Week	Days			Main work hour zone	:	~	:	(break time min.)
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7	Recent Employment Record ※Include paid leave in days and include break & over time	<table border="1"> <tr> <td>Year Month</td><td>YY</td><td>MM</td><td>Year Month</td><td>YY</td><td>MM</td><td>Year Month</td><td>YY</td><td>MM</td></tr> <tr> <td>Days/Month</td><td></td><td>Hours/Month</td><td>Days/Month</td><td></td><td>Hours/Month</td><td>Days/Month</td><td></td><td>Hours/Month</td></tr> </table>	Year Month	YY	MM	Year Month	YY	MM	Year Month	YY	MM	Days/Month		Hours/Month	Days/Month		Hours/Month	Days/Month		Hours/Month																																																																														
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8	Period of maternity leave ※Including scheduled	<input type="checkbox"/> Plan to take <input type="checkbox"/> On leave Period YY MM DD ~ YY MM DD																																																																																																
9	Period of childcare leave ※Including scheduled	<input type="checkbox"/> Plan to take <input type="checkbox"/> On leave <input type="checkbox"/> Already taken Period YY MM DD ~ YY MM DD																																																																																																
10	Time Period of Leave other than Maternity Leave/Childcare Leave	<input type="checkbox"/> Plan to take <input type="checkbox"/> On leave <input type="checkbox"/> Already taken   Reason <input type="checkbox"/> Nursing care leave <input type="checkbox"/> Sick leave <input type="checkbox"/> Other( ) Period YY MM DD ~ YY MM DD																																																																																																
11	Expected date of return-to-work	<input type="checkbox"/> Plan to return <input type="checkbox"/> Already returned   YY MM DD																																																																																																
12	Change of work condition by short-hour-work system for childcare ※Including scheduled	<input type="checkbox"/> Plan to take <input type="checkbox"/> Currently taking   Period YY MM DD ~ YY MM DD Main work hour zone : ~ : break time MM)																																																																																																
13	Working as a nursery teacher	<input type="checkbox"/> Yes <input type="checkbox"/> Yes(planned) <input type="checkbox"/> No																																																																																																
14	Renewal after the period expires	<input type="checkbox"/> Yes <input type="checkbox"/> Yes(planned) <input type="checkbox"/> No <input type="checkbox"/> Not fixed																																																																																																
15	Available or not for shortened childcare leave after approved	<input type="checkbox"/> Yes <input type="checkbox"/> Yes(planned) <input type="checkbox"/> No																																																																																																
16	Available or not for childcare leave extension	<input type="checkbox"/> Yes <input type="checkbox"/> Yes(planned) <input type="checkbox"/> No																																																																																																
17	Solo assignment (including scheduled)	YY MM DD ~ YY MM DD																																																																																																
18	Remarks																																																																																																	
19	Write-in box for guardian	<table border="1"> <tr> <td>Child's name</td> <td>Date of birth YY MM DD</td> <td>Nursery school's name</td> <td><input type="checkbox"/> Currently using   <input type="checkbox"/> Currently applying</td> </tr> <tr> <td>Child's name</td> <td>Date of birth YY MM DD</td> <td>Nursery school's name</td> <td><input type="checkbox"/> Currently using   <input type="checkbox"/> Currently applying</td> </tr> <tr> <td>Child's name</td> <td>Date of birth YY MM DD</td> <td>Nursery school's name</td> <td><input type="checkbox"/> Currently using   <input type="checkbox"/> Currently applying</td> </tr> </table>	Child's name	Date of birth YY MM DD	Nursery school's name	<input type="checkbox"/> Currently using <input type="checkbox"/> Currently applying	Child's name	Date of birth YY MM DD	Nursery school's name	<input type="checkbox"/> Currently using <input type="checkbox"/> Currently applying	Child's name	Date of birth YY MM DD	Nursery school's name	<input type="checkbox"/> Currently using <input type="checkbox"/> Currently applying																																																																																				
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