Employment Certificate

To Mayor of KadenaTown

Date of Certification	YY	MM	DD
Name of company			
Name of employer			
Company president & CEO			
Telephone number	—	_	
Name of person in charge			
Telephone number of person in charge	_	_	

I hereby certify that the following information is correct.

<u>XPreparing or making any change of the certificate without consent of the employer may constitutes criminal offense.</u>

No.	Item	Column														
			riculture, prestry	🗆 Fish		□ stone	ng and qua e and grav	rel		Construct	ion 🛛	Manufactu	ring 🗌	Electrici and Wate	ty, Gas, He er	at supply
4	Job category		mation and municatior	IS	Trans	sport and al activities		Wholesa Retail t	ale and crade		Finance a Insurance			estate a al and lea	nd goods Ising	
I		profes	nteific resea ssional technical se			□ Acco and c	modations drinking se	s, eating ervices		Living-rela and amuse	ated and p ement ser	ersonal s vices	ervices	□ ^{Me} wel	dical, healtl fare	n care and
		🗌 Educ	ation, lear	ning supp	port		Compound	d service	es 🛛	Governme	ent service	è 🗆	Others()
	Katakana															
2	Name of applicant											Date of birth		YY	ММ	DD
3	Employment period	🗌 Indef	finite 🗌	Fixed	S	Start(sched date of w		YY		YY MM		~	YY	MN	1 DD	
4	Location of workplace	Nar	me													
4		Addr	ress													
5		□ Full-time □ Part-time □ Despatched workforce □ Contract □ Fiscal year at public office □ Executive officer														
			LIIIE		t-time	🗌 Despa	atched work	force [] Contr	act 🛛	Fiscal yea	ar at public	c office	🗆 Exe	ecutive office	cer
5	Employment status		-employed	_		Despa 🗌 Despa		force [Family e		act 🗆	-		c office sourcing	□ Exe		cer
5	Employment status		-employed		l-time :	-	yed 🗌	Family e			-		sourcing		ners(cer
5	Employment status	□ Self-	-employed		l-time s t Sun	self-employ	yed 🗌	Family e	mployee		-		sourcing	🗆 Oth	ners()
5	Employment status Work hour	□ Self- Mon Tue □ □	-employed Wed Thu	Fri Sat	l-time s t Sun	self-employ Holiday	yed □ /To	Family en tal ne n	^{mployee} Per nonth		e worker :	Out	sourcing	🗆 Oth	ners(e Min)
5		□ Self- Mon Tue □ □	Wed Thu	Fri Sat	l-time s t Sun	self-employ Holiday	yed □ /To	Family en tal ne n	^{mployee} Per nonth	Home	e worker : ays per we	Out	sourcing (Br	□ Oth eak time	ners(e Min s)
	Work hour	□ Self– Mon Tue □ □ Number	Wed Thu	Fri Sat	l-time s t Sun	self-employ Holiday	yed □ ⁄ To tir	Family en tal ne n	^{mployee} Per nonth	Home	e worker : ays per we (Br	□ Outs	sourcing (Br	□ Oth eak time day	ners(Min s n.))
6	Work hour	□ Self- Mon Tue □ □ Number Weekday Saturday Sunday	Wed Thu	Fri Sat	l-time s t Sun	self-employ Holiday	yed □ / To tin ~	Family en tal ne n	mployee Per nonth mber of :	Home	e worker : ays per we (Br (Br	□ Outs eek eak time	sourcing (Br	□ Oth eak time day Mir	ners(Min s n.) n.))
	Work hour	□ Self- Mon Tue □ □ Number Weekday Saturday	Wed Thu	Fri Sat	l-time s t Sun	self-employ Holiday	yed / To tin ~ ~	Family en tal ne n	mployee Per nonth mber of :	Home	e worker : ays per we (Br (Br	□ Outs eek eak time eak time	sourcing (Br	□ Otheak time eak time day Mir Mir Mir	ners(Min s n.) n.)	.)
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	Work hour (Fixed working hours)	□ Self- Mon Tue □ □ Number Weekday Saturday Sunday Holiday Numb Mai	Total ti	Fri Sat	I-time s t Sun l □ eer mon	self-employ Holiday Inth	yed / To tin / To tin	Family er tal ne n days Nu Per weel	mployee Per nonth mber of : :	Home working da	e worker : ays per we (Br (Br (Br	□ Outs eek eak time eak time	sourcing (Br	□ Othestand	ners(Min s n.) n.)	.)
	Work hour (Fixed working hours) Work hour	□ Self- Mon Tue □ □ Number Weekday Saturday Sunday Holiday Numb Mai	Total ti ber of workin	Fri Sat	I-time s t Sun l □ eer mon	self-employ Holiday Inth	yed / To tin / To tin	Family er tal ne n days Nu Per weel	mployee Per nonth mber of : :	Home working da	e worker : ays per we (Br (Br (Br	□ Outs eek eak time eak time	sourcing (Br	□ Othestand	ners(Min s n.) n.) n.) Min	.)

	XIncluding break & over time	/ре	deys er month		hours /per mon	th	,	deys ⁄per month			hours er month		deys /per month		,	hours /per mon	
8	(Planned)Period of maternity	□ Planı to ta	-	□ On leav	e preser	ntly											
0	leave	Period		YY	MM		DD	~	~		YY		ММ	D)		
9	(Planned)Period of childcare leave	Planı to ta		□ On leav	e preser	ntly 🛛	Comp	leted									
Ŭ		Period		YY M	М	DD ~		YY	M	N	DD						
10 (e	Take a leave (except maternity leave	□ Planning to take		On leave presently	☐ Compl	eted Rea	ason	□ Care	e leave		Sick lea	ve	🛛 Othe	ers()
10	& childcare leave)		ľ	YY M	М	DD ~		YY	M	M	DD						
11	Expected date of return-to-work	□ Planning to take		Completed		YY		MM		DD							
12	(Planned)Short-hour- work system for childcare	□ Planning to take		On leave		Pe	riod		ΥY	MM	DD	~	YY	M	Л	DD	
		Main shift− work sche		:			~		:		(Br	eak time		Mi	n.)		
13	Do you work at nursery or other childcare facilities?	□ Yes [□ Yes(pl	anned)	□ No												
14	Remarks																
15	Renewal of employment upon contract expiry		□ Yes(pl	-	□ No	🛛 Unkr	nown										
16 (C	Change of work condition (Currently in process or planning to make)		e of conditi heduled)	on	□ Yes	🗆 No	Ch	ange due	to [] Em	oloyment st	atus 🗌	Others()
		Period of new condition(schedule					ΥY	MM	DI) ~		YY	ММ	DD			
		New work hour after change			Мо		Hou	irs	Mi	n.	Number of vorking day			days(Pe	r month)	
		g to make)		days		Hou	irs	Mi	n.								
		New work h	nour zone a	after change		:			~		:	(Bre	eak time			Min.	
													an lavaria m				

(XEmployer is not required to fill out bellow.)

 To be filled out by the guardian
 Date
 YY
 MM
 DD

 Child's name(Katakana)
 (
)
 Date
 of birth
 YY
 MM
 DD