

Certificate of Employment



To: Mayor of Minato City
Director of Minato City Public Welfare Office

Note: Please have your employer fill out this certificate. (This certificate must not be filled in by the parents or guardian.)

(1) Name of the company issuing the certificate	
(2) Address of the above company	
(3) Name of the certificate issuer	
(4) Title of the certificate issuer	
(5) Date of certification	/ / (mm/dd/yyyy)
(6) Contact person for the contents of this certification	Department in charge
	Name of the person in charge
	Telephone number

I hereby certify that the information provided in this form is true and correct to the best of my knowledge as of the date of certification.

(Note: If you fill in or modify the contents of this certificate without permission from the employer, etc., you may face criminal law charges. with criminal law charges.)

No.	Items	Information
1	Name in katakana	Date of birth / /
	Name of employee	
	Address of employee	

Employment status and the place of work (including any planned places of work)

2	Employment status (including scheduled employment)	<input type="checkbox"/> Working <input type="checkbox"/> Currently on maternity/childcare leave <input type="checkbox"/> Planning to work (including job change offer) <input type="checkbox"/> Other
3	Name of main work place <small>Note: Fill in if this is different from (1).</small>	
4	Address of main work place <small>Note: Fill in if this is different from (2).</small>	

Contract with employee (i.e., contract concerning employment, such as an employment contract, etc.) and work regulations

Note: Please describe the details of the employment contract and work regulations. Do not fill in the actual hours worked or the amount of salary paid.

5	Type of employment	Executive / Self-employed	<input type="checkbox"/> Executive (company board member / auditor, corporate director, etc.) <input type="checkbox"/> Self-employed (sole proprietor)					
		Employee	<input type="checkbox"/> Regular employee <input type="checkbox"/> Part-time worker <input type="checkbox"/> Temporary employee through temp agency <input type="checkbox"/> Contract employee / fixed-term employee <input type="checkbox"/> Fiscal year appointment staff <input type="checkbox"/> Employed by family-operated business					
		Other	<input type="checkbox"/> Homemaker <input type="checkbox"/> Family employee <input type="checkbox"/> Subcontractor <input type="checkbox"/> Other					
	Working style	<input type="checkbox"/> Fixed working hour system <input type="checkbox"/> Irregular working hour system <input type="checkbox"/> Flextime system <input type="checkbox"/> System of deemed working hours outside workplace <input type="checkbox"/> Discretionary labor system <input type="checkbox"/> Other						
6	Number of working days	() days per month / () days per week						
7	Working hours (including break time)	Per month	hours	minutes	Per week	hours	minutes	<small>Note: Please fill in the average per month.</small>
		Per day	hours	minutes	<small>Note: Please fill in the average per month.</small>			
8	Work hours schedule <small>Note: Fill in the typical work hours if a flextime system or discretionary labor system is used.</small>	Work hours (1)	From	:	to	:	(including minutes of break periods)	
		Work hours (2)	From	:	to	:	(including minutes of break periods)	
		Work hours (3)	From	:	to	:	(including minutes of break periods)	
9	Work days	Work hours (1)	<input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Holiday <input type="checkbox"/> Irregular					
		Work hours (2)	<input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Holiday <input type="checkbox"/> Irregular					
		Work hours (3)	<input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Holiday <input type="checkbox"/> Irregular					
		Remarks						
10	Employment period (planned period), etc. <small>Note: - Fill in the work starting date (or planned work starting date), not the date the contract was signed. - State the expiration date for the fixed term contract, if applicable.</small>	Employment contract status	<input type="checkbox"/> Permanent employment <input type="checkbox"/> Fixed-term employment					
		Work starting date (or planned work starting date) (i.e., the day the applicant starts working or the date they join the company, etc.) / Contract expiration date (State the expiration date for the fixed term contract, if applicable.)	From / / to / / (mm/dd/yyyy)					
		<input type="checkbox"/> From the date the employee's child can enter the nursery school to / / (mm/dd/yyyy)						
		Will the contract be renewed after expiration?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes (expected) <input type="checkbox"/> No <input type="checkbox"/> Not decided					
	Planned employment period	From / / to / / (mm/dd/yyyy)						

Working record of employee

11	Latest working records	Month / year	i / (mm/yyyy)	ii / (mm/yyyy)	iii / (mm/yyyy)
		Number of working days (Including paid holidays)	days	days	days
		Working hours (Including break time)	hour(s) minute(s)	hour(s) minute(s)	hour(s) minute(s)
		Salary payment record <small>Note: Salary excluding lump-sum bonus payments and commuting allowances (amount before tax and social insurance deducted)</small>	yen	yen	yen
		Month / year	iv / (mm/yyyy)	v / (mm/yyyy)	vi / (mm/yyyy)
		Number of working days (Including paid holidays)	days	days	days
		Working hours (Including break time)	hour(s) minute(s)	hour(s) minute(s)	hour(s) minute(s)
		Salary payment record <small>Note: Salary excluding lump-sum bonus payments and commuting allowances (amount before tax and social insurance deducted)</small>	yen	yen	yen

Maternity and childcare leave / reduced working hour system

12	Period (or planned period) of maternity leave (before and after childbirth)	<input type="checkbox"/> Planning to take leave	From / / to / / (mm/dd/yyyy)	
		<input type="checkbox"/> Currently on leave	From / / to / / (mm/dd/yyyy)	
		<input type="checkbox"/> Finished	From / / to / / (mm/dd/yyyy)	
13	Period (or planned period) of childcare leave	Basis of leave	<input type="checkbox"/> Statutory leave <input type="checkbox"/> Company-specific leave	
		<input type="checkbox"/> Planning to take leave	From / / to / / (mm/dd/yyyy)	
		<input type="checkbox"/> Currently on leave	From / / to / / (mm/dd/yyyy)	
		Will the childcare leave be shortened after the employee receives a preliminary offer of nursery school enrollment for his/her child from the City?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Finished	From / / to / / (mm/dd/yyyy)	

14	Expected date of return to work	/ / Note: Only if the employee is taking childcare leave, etc., at the company issuing this certificate.					
15	Changes* in the employee's working schedule due to the use of the reduced working hour system for childcare, etc. (*Including any schedule changes that are underway or planned.)	Change of working schedule (planned)	<input type="checkbox"/> Changed/planning to change <input type="checkbox"/> No change	Reason for changing the working schedule	<input type="checkbox"/> Use of the reduced working hour system for childcare <input type="checkbox"/> Return to work after leave other than childcare leave <input type="checkbox"/> Change of employment status <input type="checkbox"/> Other ()		
		Work days after the change	<input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Holiday <input type="checkbox"/> Irregular				
		Period using the changed working schedule (planned)	From / / to / / (mm/dd/yyyy)				
		Working hours after the change (including break time)	Per month	hours	minutes	Number of working days	days
			Per day	hours	minutes		
Work hours schedule after the change	Work hours (1)	From	:	to	:	(including minutes of break periods)	
	Work hours (2)	From	:	to	:	(including minutes of break periods)	
	Work hours (3)	From	:	to	:	(including minutes of break periods)	
Employment as a childcare worker (i.e., childcare worker / kindergarten teacher / nursery school teacher)							
16	Has the employee worked as a childcare worker (or is he/she scheduled to work as a childcare worker)?	<input type="checkbox"/> Yes, he/she has. <input type="checkbox"/> Yes, he/she is scheduled to do so. <input type="checkbox"/> No		Type of work place	<input type="checkbox"/> Nursery school <input type="checkbox"/> Kindergarten <input type="checkbox"/> Certified center for early childhood education and care <input type="checkbox"/> Municipal-level childcare services <input type="checkbox"/> Other		
	Qualification / license for working with children	<input type="checkbox"/> Nursery school teacher qualification <input type="checkbox"/> Kindergarten teacher license					
Remarks							
Remarks							
Minato City specific items							
Contract with employee (i.e., contract concerning employment, such as an employment contract, etc.) and work regulations							
Note: Please describe the details of the employment contract and work regulations. Do not fill in the actual hours worked or the amount of salary paid.							
17	Type of employment (2)	Type of salary	<input type="checkbox"/> Annual pay <input type="checkbox"/> Monthly pay <input type="checkbox"/> Daily pay <input type="checkbox"/> Hourly pay <input type="checkbox"/> Other ()		Amount	yen	
		Relationship to the employer	<input type="checkbox"/> Relative <input type="checkbox"/> Unrelated		Relationship		
Working record of employee							
18	Period of leave other than maternity leave and childcare leave	<input type="checkbox"/> Currently on leave (or planning to take leave) <input type="checkbox"/> Finished		Reason	<input type="checkbox"/> Nursing care leave <input type="checkbox"/> Sick leave <input type="checkbox"/> Other ()		
		Period	From / / to / / (mm/dd/yyyy)				
Maternity and childcare leave / reduced working hour system							
19	Records of changes in the employee's working schedule due to the use of the reduced working hour system for childcare, etc.	Reason for changing the working schedule	<input type="checkbox"/> Use of the reduced working hour system for childcare <input type="checkbox"/> Return to work after leave other than childcare leave <input type="checkbox"/> Change of employment status <input type="checkbox"/> Other ()				
		Period in which the working schedule was changed	From / / to / / (mm/dd/yyyy)				
		Working hours after the change (including break time)	Per month	hours	minutes	Number of working days	days
			Per day	hours	minutes	From : to : (including minutes of break periods)	

(End of the certification section to be filled in by the employer)

To be filled out by the parent/guardian	Relationship to the child	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Paternal grandfather <input type="checkbox"/> Paternal grandmother <input type="checkbox"/> Maternal grandfather <input type="checkbox"/> Maternal grandmother <input type="checkbox"/> Other ()				
	Name of child	Date of birth	<input type="checkbox"/> Enrolled <input type="checkbox"/> Transfer <input type="checkbox"/> Currently applying (first choice)			
			Facility name			
		/ / (mm/dd/yyyy)	<input type="checkbox"/> Currently applying (second choice)			
			Facility name			
			<input type="checkbox"/> Currently applying (third choice)			
			Facility name			
	Name of child	Date of birth	<input type="checkbox"/> Enrolled <input type="checkbox"/> Transfer <input type="checkbox"/> Currently applying (first choice)			
			Facility name			
		/ / (mm/dd/yyyy)	<input type="checkbox"/> Currently applying (second choice)			
			Facility name			
			<input type="checkbox"/> Currently applying (third choice)			
Facility name						

Note: Please refer to the "Instructions for filling in the Certificate of Employment" sheet of this BOOK.

- You can find filled-in examples on the Minato City official website. Please scan the QR code to access the website.
- The document should be filled in by the employer or business owner. If there are any corrections to any information, the employer/business owner should affix his/her seal of approval next to the corrected data.
- Please fill in the information correctly as this is an important document for the processing of the child's enrollment/continuing attendance. We may contact the person in charge if necessary.
- For the working schedule/hours, please use the remarks column or a separate sheet if it is hard to list everything because the employee works irregular shifts/hours.
- If any of the statements are false, the enrollment application will be rendered invalid (or the child shall be withdrawn from the nursery school that he/she currently attends).
- If the employee is working as a "temporary employee through temp agency," proof of employment may be requested.
- Please direct any inquiries to the applicable Regional City Office (Health and Welfare Subsection, Residents Support Section): Shiba (3578) 3161, Azabu (5114) 8822, Akasaka (5413) 7276, Takanawa (5421) 7085, Shibaura Konan (6400) 0022



Filled-in examples



Required information