Certificate of Employment

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

* Note: Please have this certificate prepared by the business where the parent/guardian is employed. This certificate should not be filled in by the parent/guardian themselves. (No seal required)

* This form must be completed by the employer or business owner. If any

corrections are made, those places must be marked with the seal of the person

making the correction.

* Please fill out the form accurately as it is an important document for the paperwork needed for child's beginning and continuing enrollment.

The person who filled out the form may be contacted if there are any questions.

* If your work schedule is irregular, please describe it in the remarks column or attack a speciate sheet.

attach a separate sheet.

* If any false information is found in the application, the application will be invalidated (and the child will be dismissed from the nursery school).

* If the applicant is registered as a dispatched worker, a certificate of employment

from the company where the applicant is dispatched may also be required.

Certification Date:	/	/	(YYYY/MM/DD
Name of business			
Name of representative			
Address			
Phone number		-	-
Name of person in charge			
Contact person's phone numb	her	_	_

Ple	ase direct any inquiri asaka (5413) 7276, Ta	es to the	applicab	le Regi	ional City	Office (He	alth and W	<u>(</u> elfare/	Contact Subsectio	person's n, Resider	phor ts Sup	ne num port Sec	iber tion): Shiba	a (3578	–) 3161, Az	– abu (5114	1) 8822,
* 1	the applicant fills in c	or alters t	he conte	nts of t	his certific	ate withou	it the perm	ission (of the emp	loyer, the a	applica	nt may b	e subject to	crimin	al charges	under the	criminal law.
No.	Item	Description															
1	Industry	☐ Agriculture, Forestry ☐ Fisheries ☐ Mining, quarrying, gravel extraction ☐ Construction ☐ Manufacturing ☐ Electricity, gas, heat supply, water supply ☐ Information and communications services ☐ Transportation, postal services ☐ Wholesale, retail ☐ Financial, insurance ☐ Real estate, goods rental and leasing business ☐ Academic research, professional, technical services ☐ Lodging, food services ☐ Lifestyle-related services, entertainment ☐ Medical care, welfare ☐ Education and learning support ☐ Complex service business ☐ Public service ☐ Other (es					
2	Name in katakana																
2	Name of employee									Da	ate of bir	th	/	/	(YY	YY/MM/DD)	
3	Period of employment (planned)	☐ Indefinite ☐ Fixed-term							/	•	/	to	/	/	(YY	YY/MM/DD)	
4	Principal place of employment	Na	me														
		Add	ress														
5	Type of employment	Full-time employee							e □S	-	yed person						
			ue V	Ved	Thu	Fri	Sat	Sun	Holiday	Total wo			y working h ing break ti			urs inutes)	minutes
	Working hours (In the case of fixed employment)	Numbei	r of work	ing day	s per mon	th	l l		days	Number	of worl		s per week				days
		Weekda (HH:MI			From		:			:	(break tim		break time	minutes)			
_		Saturdays: From : (HH:MM)					:	to :				(break time: minutes)					
6		Sundays and holidays: From : (HH:MM)						to	:	(break time: minutes)							
	Working hours (In the case of irregular work)		vorking urs	□ N	onthly	□We	eekly		hours	miı	nutes	(break time	:	minu	ıtes)	
		Number of working Dunthly days					☐ Weekly			days							
		hours	vorking or shift g hours	Fron	ı	:	to	ı	:		(HH:N	MM) (break time	:	minu	ıtes)	
7	Actual work performed *The number of working days includes paid vacation, and the number of working hours includes breaks and overtime.	Year & month		/		(YYYY/I	MM) Year &	month		/	(YY	YY/MM	Year & mon	th	/		(YYYY/MM)
		C	days per m	onth		hours per m	ionth	day	s per mont	h	hours	per month	1	days	per month		hours per month
8	Taking maternity or childcare leave * Includes planned	□ Plar	nning to 1	ake lea	ave	☐ Curren	ntly taking	leave		lave alread	ly take	n leave					
	leave	Period	From		/		/			to		/		/		(YYYY	/MM/DD)
9	Taking childcare leave * Includes planned leave	□ Plar	nning to t	ake lea	ave	☐ Curren	ntly taking	leave		lave alread	dy take	n leave					
		Period	From		/		/			to	I	/		/		(YYYY	/MM/DD)
10		☐ Plan	ning to ta	ke leave	e 🗆 Curre	ntly taking	leave □ H	lave alre	eady taken	leave Re	ason	☐ Nursi	ing care leav	e □Sid	ck leave 🗆	Other()
	childcare leave Date (or expected	Period From / / to /								/		(YYYY	/MM/DD)				
11	date) of return to work Use of the Shorter Working Hours for Childcare system	□ Plar	nned retu	ırn to w	/ork	☐ Have	e already re	eturned	I to work			/		/			Y/MM/DD)
12		Main v	nning to u			ntly using	Period		om	/	/	t			/		//MM/DD)
	(* Including planned use) Are you employed (or	hours a ho	ind shift urs		e from	:		to	:		(HH:M	M) (break time	:	minu	ıtes)	
13	planning to be employed) as a childcare worker?	☐ Yes		□ Yes	(planned)		No										

14	Will the employment contract be renewed after the contract expires?	□ Yes	☐ Yes (planned)	□ No	☐ Undecided					
15	Can the childcare leave be shortened upon the child's enrollment?	□ Yes	☐ Yes (planned)	□ No						
16	Can the childcare leave be extended?	□ Yes	☐ Yes (planned)	□ No						
17	Duration of one parent or guardian living away from home to work (including planned period)	From	/	/	to	/	/	(YYYY/MM/DD)		
18	Remarks									
19	parent/guardian's entry column		Child name	Date of birth	n (YYYY/MM/DD)	Fac	Facility			
				/	/			☐ In use☐ Currently applying (first choice)		
			Child name	Dat	te of birth	Fac	☐ In use			
				/	/		☐ Currently applying (first choice)			
		Child name			te of birth	Fac	☐ In use			
								/	/	



Required information