

Certificate of Employment

To: Mayor of Minato City

Certification date (YYYY/MM/DD)	/	/	/
Name of business			
Name of representative			
Address			
Phone number			
Name of person in charge			
Contact information for person who filled in the form			

We hereby certify that the following content is true and correct.

***If the applicant fills in or alters the content of this certificate without the permission of the employer, etc., the applicant may be charged with a crime under criminal law.**

No.	Item	Information																								
1	Type of job	<input type="checkbox"/> Agriculture, forestry <input type="checkbox"/> Fisheries <input type="checkbox"/> Mining, quarrying, gravel extraction <input type="checkbox"/> Construction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Electricity, gas, heat supply, water supply <input type="checkbox"/> Information and communication <input type="checkbox"/> Transport, postal service <input type="checkbox"/> Wholesale, retail <input type="checkbox"/> Finance, insurance <input type="checkbox"/> Real estate, goods rental and leasing business <input type="checkbox"/> Academic research, professional, technical services <input type="checkbox"/> Accommodation, food services <input type="checkbox"/> Lifestyle-related services, entertainment <input type="checkbox"/> Medical care, welfare <input type="checkbox"/> Education and learning support <input type="checkbox"/> Complex service business <input type="checkbox"/> Public service <input type="checkbox"/> Other ()																								
2	Name in kana																									
	Name of employee	Date of birth (YYYY/MM/DD) / /																								
3	Address of employee																									
4	Period of employment (planned), etc.	<input type="checkbox"/> Indefinite <input type="checkbox"/> Fixed (In the case of an indefinite term, please only provide the start date of employment) / / to / / / (YYYY/MM/T																								
5	Place of employment of employee	Name Address																								
6	Type of employment	<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Temporary employee from agency <input type="checkbox"/> Contract employee working at business <input type="checkbox"/> Employee appointed for fiscal year <input type="checkbox"/> Non-regular employee, temporary employee <input type="checkbox"/> Executive <input type="checkbox"/> Self-employed <input type="checkbox"/> Self-employed profession <input type="checkbox"/> Family employee <input type="checkbox"/> Outsourcing <input type="checkbox"/> Other ()																								
7	Working hours (in the case of fixed employment)	<table> <tr> <td>Mon</td><td>Tues</td><td>Wed</td><td>Thu</td><td>Fri</td><td>Sat</td><td>Sun</td><td>Holiday</td><td>Total working hours</td><td>Monthly</td><td>hours</td><td>minutes (including break time: minutes)</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></tr> </table> Number of working days per month: Monthly days Number of working days per week: Weekly days Weekdays: : to : (HH:MM) (Break time: minutes) Saturdays: : to : (HH:MM) (Break time: minutes) Sundays and holidays: : to : (HH:MM) (Break time: minutes)	Mon	Tues	Wed	Thu	Fri	Sat	Sun	Holiday	Total working hours	Monthly	hours	minutes (including break time: minutes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Mon	Tues	Wed	Thu	Fri	Sat	Sun	Holiday	Total working hours	Monthly	hours	minutes (including break time: minutes)															
<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 hours (in the case of irregular work)	Total working hours: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly hours (Break time: minutes) Number of working days: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly days Main working hours or shift hours: : to : (HH:MM) (Break time: minutes)																								
8	Actual work performed *The number of days includes paid leave, and the number of hours includes breaks and overtime.	Year & month / (YYYY/MM) Year & month / (YYYY/MM) Year & month / (YYYY/MM) days per month hours per month days per month hours per month days per month hours per month																								
9	Taking maternity or postpartum leave *Includes planned leave	<input type="checkbox"/> Planning to take leave <input type="checkbox"/> Currently taking leave Period: / / to / / / (YYYY/MM/DD)																								
10	Taking childcare leave *Includes planned leave	<input type="checkbox"/> Planning to take leave <input type="checkbox"/> Currently taking <input type="checkbox"/> Has already taken leave Period: / / / to / / / (YYYY/MM/DD)																								
11	Taking leave other than maternity or childcare leave	<input type="checkbox"/> Planning to take leave <input type="checkbox"/> Currently taking <input type="checkbox"/> Has already taken leave Reason: <input type="checkbox"/> Nursing care leave <input type="checkbox"/> Sick leave <input type="checkbox"/> Other () Period: / / / to / / / (YYYY/MM/DD)																								
12	Date (or expected date) of return to work	<input type="checkbox"/> Planned return to work <input type="checkbox"/> Has already returned to work / / / (YYYY/MM/DD)																								
13	Use of the Shorter Working Hours for Childcare system? *Include planned use	<input type="checkbox"/> Planning to use <input type="checkbox"/> Currently using Period: / / / to / / / (YYYY/MM/T Main working hours or shift hours: : to : (HH:MM) (break time: minutes)																								
14	Will your contract (employment contract) be renewed when it ends?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes (planned) <input type="checkbox"/> No <input type="checkbox"/> Undecided																								
15	Period working away from home (including planned period)	/ / / to / / / YYYY/MM/DD																								
16	Familial relationship with employer	<input type="checkbox"/> Yes <input type="checkbox"/> No Relationship:																								
17	Remarks																									
18	Guardian information	<table> <tr> <td>Child's name</td> <td>Date of birth (YYYY/MM/DD)</td> <td>Facility name</td> <td><input type="checkbox"/> Using <input type="checkbox"/> Applying (first choice)</td> </tr> <tr> <td>/ / /</td> <td>/ / /</td> <td></td> <td></td> </tr> <tr> <td>Child's name</td> <td>Date of birth</td> <td>Facility name</td> <td><input type="checkbox"/> Using <input type="checkbox"/> Applying (first choice)</td> </tr> <tr> <td>/ / /</td> <td>/ / /</td> <td></td> <td></td> </tr> <tr> <td>Child's name</td> <td>Date of birth</td> <td>Facility name</td> <td><input type="checkbox"/> Using <input type="checkbox"/> Applying (first choice)</td> </tr> <tr> <td>/ / /</td> <td>/ / /</td> <td></td> <td></td> </tr> </table>	Child's name	Date of birth (YYYY/MM/DD)	Facility name	<input type="checkbox"/> Using <input type="checkbox"/> Applying (first choice)	/ / /	/ / /			Child's name	Date of birth	Facility name	<input type="checkbox"/> Using <input type="checkbox"/> Applying (first choice)	/ / /	/ / /			Child's name	Date of birth	Facility name	<input type="checkbox"/> Using <input type="checkbox"/> Applying (first choice)	/ / /	/ / /		
Child's name	Date of birth (YYYY/MM/DD)	Facility name	<input type="checkbox"/> Using <input type="checkbox"/> Applying (first choice)																							
/ / /	/ / /																									
Child's name	Date of birth	Facility name	<input type="checkbox"/> Using <input type="checkbox"/> Applying (first choice)																							
/ / /	/ / /																									
Child's name	Date of birth	Facility name	<input type="checkbox"/> Using <input type="checkbox"/> Applying (first choice)																							
/ / /	/ / /																									

*This is a key document when applying to use a Pupils' Club, so please make sure to fill it out accurately. The person in charge may be contacted if anything is unclear.

*You can find a filled-in example and information on how to fill this in on the Minato City official website. Please scan the QR codes to access these.

*The employer/business owner should fill this in.

*If any of the statements are false, the enrollment application will be rendered invalid (the child will lose their space).

*If the employee is working through a temp agency, proof of employment may be required from their current workplace.



Filled-in example



Information on how to fill in