

Certificate of Employment Filled-in example

- Valid certificates have a date of certification within four months of the date of application.

- In principle, temporary workers from an agency, etc. should write the agency address or their workplace.

- We may ask about the content of the form.

- 【No.7】**
- Fill in the days the employee works.
 - Fill in the working hours, including breaks.
 - If the employee is using the Shorter Working Hours for Childcare system, fill in the working hours in the contract/regulations before the system was used. Fill in the working hours with the system in No.13.

- 【No.14】**
- If a contract will not be renewed or this is undecided, it is not possible to apply to a Pupils' Club.

- 【No.15】**
- If the employee is working away from home, make sure this is noted.

- 【No.16】**
- Write familial relationships up to the third degree.

- 【No.17】**
- Use the remarks section if the total hours spent working exceeds the working hours, for example due to exceptional clocking in and clocking out times (e.g. the employee has to arrive at work 15 minutes before their working hours due to work regulations).
 - If there are any particular items of note relating to irregular work, leave, or anything else, write them here.

- 【No.18】**
- The guardian should fill this in.
 - If it is not filled in, check the details given on the application for the use of Pupils' Clubs.

- 【No.4】**
- You must fill in the employment start date for the employee.
 - Fill in the date the employee started work for the start date of employment.
 - If the date of the start of the current contract differs due to contract renewal, write the date the employee first started working for the company.
 - Only write an end date for fixed-term contracts. If the period is indefinite, leave the end date blank.
 - If the contract is fixed-term, you must fill in No. 14 as well.
- 【No.11】**
- In Other, you should also write if leave longer than a month was taken, such as leave to accompany a spouse.

Certificate of Employment									
To: Mayor of Minato City									
Certification date (YYYY/MM/DD) 2025 / 1 / 15 /									
Name of business Minato City Office									
Name of representative Minato Daimon									
Address 1-5-25 Shibakoen, Minato City									
Phone number 03 — 3578 — 2111									
Name of person in charge Urako Shiba									
Contact information for person who filled in the form 03 — 3578 — 2111									
*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, post 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 checked="" type="checkbox"/> Public service <input type="checkbox"/> Other ()							
2	Name in kana	ミナト タロウ							
3	Name of employee	Minato Taro							
4	Address of employee	Room 101, Sunrise, 1-2-3 Shibakoen, Minato City							
5	Period of employment (planned), etc.	<input checked="" type="checkbox"/> Indefinite <input type="checkbox"/> Fixed (In the case of an indefinite term, please only provide the start date of employment) 2015 / 4 / 1 / to / / / (YYYY/MM/DD)							
6	Place of employment of employee	Name Address							
7	Type of employment	<input checked="" type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Temporary employee (business agency) <input type="checkbox"/> Contract employee (business agency) <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 ()							
8	Working hours (in the case of fixed employment)	Number of working days per month Monthly 20 days Number of working days per week Weekly 5 days Weekdays 8 : 30 to 17 : 15 (HH:MM) (Break time: 60 minutes) Saturdays : to : (HH:MM) (Break time: minutes) Sundays and holidays : to : (HH:MM) (Break time: minutes) Total working hours Monthly Weekly hours (Break time: minutes)							
9	Working hours (in the case of irregular work)	Number of working days Monthly Weekly days Main working hours or shift hours : to : (HH:MM) (Break time: minutes)							
10	Actual work performed	Year & month 2024 / 5 (YYYY/MM) Year & month 2024 / 4 (YYYY/MM) Year & month 2024 / 3 (YYYY/MM) days per month 20 days hours per month 175 hours per month 20 days per month 175 hours per month 20 days per month 175 hours per month							
11	Taking maternity or postpartum leave	<input type="checkbox"/> Planning to take leave <input type="checkbox"/> Currently taking leave Period / / to / / (YYYY/MM/DD)							
12	Taking childcare leave	<input type="checkbox"/> Planning to take leave <input checked="" type="checkbox"/> Currently taking <input type="checkbox"/> Has already taken leave Period 2024 / 6 / 1 / to 2025 / 4 / 4 / (YYYY/MM/DD)							
13	Taking leave other than maternity or childcare leave	<input type="checkbox"/> Planning to take leave <input checked="" 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)							
14	Date (or expected date) of return to work	<input checked="" type="checkbox"/> Planned return to work <input type="checkbox"/> Has already returned to work 2025 / 4 / 7 / (YYYY/MM/DD)							
15	Use of the Shorter Working Hours for Childcare system?	<input checked="" type="checkbox"/> Planning to use <input type="checkbox"/> Currently using Period 2025 / 4 / 7 / to 2026 / 3 / 31 / (YYYY/MM/DD)							
16	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							
17	Period working away from home (including planned period)	/ / to / / YYYY/MM/DD							
18	Familial relationship with employer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Relationship							
19	Remarks	Child's name Date of birth (YYYY/MM/DD) Facility name <input type="checkbox"/> Using <input type="checkbox"/> Applying (first choice)							
20	Guardian information	Child's name Date of birth Facility name <input type="checkbox"/> Using <input type="checkbox"/> Applying (first choice)							
21		Child's name Date of birth Facility name <input type="checkbox"/> Using <input type="checkbox"/> Applying (first choice)							