Form 2 (related to Article 6)

Employment Certificate

Attn: Minato City Mayor, Minato City Welfare Office Director

*This certificate is not to be prepared by the guardian, but by their employing operator (No seal required)

*Samples of filling in this certificate are published on the official Minato City website. It can be accessed from the QR code below.

*Please have the employer or business owner fill in, and affix seal to any corrections.

*Please fill in accurately as this is important for enrolment and continuation procedures.

The representative noted here may be contacted if anything is unclear.

If work is irregular, please remark in the Notes section or attach a separate sheet.

*If there are any falsehoods in the matters below, the application will be invalid (withdrawn).

*If working as dispatch worker, an employment certificate may also be required from the dispatch destination.

Certification Date	YYYY MM DD
Business Name	
Name of Representative	
Address	
TEL:	— —
Name of Contact	
Applicant Contact	— —

*Inquiries: Health and Welfare Subsection, Residents Support Section, of each Regional City Office
- Shiba (3578) 3161 Azabu (5114) 8822 Akasaka (5413) 7276 Takanawa (5421) 7085 Shibaura-konan (6400) 0022

***Completing this certificate without the permission of the employing operator, etc. or altering without permission may be subject to prosecution under the law.**

No.	Item	Entry Section
1	Industry	☐ Agriculture/ Forestry ☐ Fisheries ☐ Mining/Quarrying/Gravel Extraction ☐ Construction ☐ Manufacturing ☐ Electricity/Gas/Heat Supply/Water ☐ Information and Communications ☐ Transportation/ Postal Services ☐ Wholesale/Retail ☐ Finance/Insurance ☐ Real Estate/Goods Rental ☐ Scientific Research/ Professional/technical Services ☐ Accommodation/Food Services ☐ Living Services/Amusement ☐ Medical/Welfare ☐ Education/Learning Support ☐ Integrated Services ☐ Public Service ☐ Other ( )
2	Furigana	
	Individual's Name	Date of Birth YYYY MM DD
3	Employment (Scheduled) Period, etc.	☐ Open ☐ Fixed Period (If open, only date of start of employment) YYYY MM DD to YYYY MM DD
4	Operator of Individual's Employer	Name / Address
5	Form of Employment	☐ Full time ☐ Part Time/Casual ☐ Dispatch ☐ Contract ☐ Fiscal Year Appointed ☐ Irregular/ Temporary ☐ Executive/Director ☐ Self-employed Owner ☐ Exclusive Family Worker ☐ Family Worker ☐ Home Worker ☐ Consignment ☐ Other ( )
6	Work Hours (in the case of Fixed Work)	M T W T F S S Hol / ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Total Hours per month hours mins (incl break time mins)
		Work days per month per month days Work days per week per week days
		Weekdays hours mins – hours mins (incl break time mins)
		Saturdays hours mins – hours mins (incl break time mins)
		Sun/ Holidays hours mins – hours mins (incl break time mins)
	Work Hours (In the case of Variable Work)	Total hours ☐ per month ☐ per week hours mins (incl break time mins)
		Work days ☐ per month ☐ per week days
		Main working times/shifts hours mins ~ hours mins (incl break time mins)
7	Employment History *Incl. days of paid leave, breaks and overtime hours	Y/M YYYY MM Days/month Hours/month / Y/M YYYY MM Days/month Hours/month / Y/M YYYY MM Days/month Hours/month
8	Acquisition of Maternity Leave *Including Scheduled	☐ Scheduled to Take ☐ Taking
		Period YYYY MM DD – YYYY MM DD
9	Acquisition of Childcare Leave *Including Scheduled	☐ Scheduled to Take ☐ Taking ☐ Taken
		Period YYYY MM DD – YYYY MM DD
10	Acquisition of Other Leave (Not Maternity/Childcare)	☐ Scheduled to Take ☐ Taking ☐ Taken Reason ☐ Caregiving Leave ☐ Sick Leave ☐ Other ( )
		Period YYYY MM DD – YYYY MM DD
11	Scheduled Return-to-Work Date	☐ Scheduled Return ☐ Returned YYYY MM DD
12	Use of Short-term Working System for Child-rearing *Including Scheduled	☐ Scheduled to Take ☐ Taking Period YYYY MM DD – YYYY MM DD
		Main working times/shifts hours mins – hours mins (incl. break time mins)
13	Actual Work as a Childcare Worker	☐ Y ☐ Y (Scheduled) ☐ N
14	Renewal after Completion (of Employment Contract)	☐ Y ☐ Y (Scheduled) ☐ N ☐ Undecided
15	Able to Shorten Childcare Leave at time of Placement	☐ Y ☐ Y (Scheduled) ☐ N
16	Able to Extend Childcare Leave	☐ Y ☐ Y (Scheduled) ☐ N
17	Period of Long-term Assignment (incl. Scheduled)	YYYY MM DD – YYYY MM DD
18	Notes	
19	Guardian Entry Section	Child's Name / Date of Birth (YYYY MM DD) / Name of Facility / ☐ Using ☐ Applied (1st Preference)
		Child's Name / Date of Birth (YYYY MM DD) / Name of Facility / ☐ Using ☐ Applied (1st Preference)
		Child's Name / Date of Birth (YYYY MM DD) / Name of Facility / ☐ Using ☐ Applied (1st Preference)

Sample Instructions