

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)

Certification Date: _____ / _____ / _____ (YYYY/MM/DD)

Name of business _____

Name of representative _____

Address _____

Phone number _____ - _____

Name of person in charge _____

Contact person's phone number _____ - _____

We hereby certify that the following contents are true and correct.

* If the applicant fills in or alters the contents of this certificate without the permission of the employer, the applicant may be subject to criminal charges under the criminal law.

No.	Item	Description																																																																								
1	Industry	<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 communications services <input type="checkbox"/> Transportation, postal services <input type="checkbox"/> Wholesale, retail <input type="checkbox"/> Financial, insurance <input type="checkbox"/> Real estate, goods rental and leasing business <input type="checkbox"/> Academic research, professional, technical services <input type="checkbox"/> Lodging, 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 katakana	_____																																																																								
	Name of employee	_____ Date of birth _____ / _____ / _____ (YYYY/MM/DD)																																																																								
3	Period of employment (planned)	<input type="checkbox"/> Indefinite <input type="checkbox"/> Fixed-term Period (In the case of an indefinite term, please only provide the start date of employment) From _____ / _____ / _____ to _____ / _____ / _____ (YYYY/MM/DD)																																																																								
4	Principal place of employment	Name _____ Address _____																																																																								
5	Type of employment	<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Temporary employee through temp agency <input type="checkbox"/> Contract employee <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 person <input type="checkbox"/> Relative employed by a resident <input type="checkbox"/> Family business employee <input type="checkbox"/> Working at home <input type="checkbox"/> Outsourced <input type="checkbox"/> Other ()																																																																								
6	Working hours (In the case of fixed employment)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Mon</th><th>Tue</th><th>Wed</th><th>Thu</th><th>Fri</th><th>Sat</th><th>Sun</th><th>Holiday</th><th>Total working hours</th><th>Monthly working hours:</th><th>hours</th><th>minutes</th> </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>hours</td><td>(including break time:</td><td>minutes)</td><td></td> </tr> <tr> <td colspan="4">Number of working days per month</td><td colspan="4">_____ days</td><td colspan="2">Number of working days per week</td><td colspan="2">_____ days</td> </tr> <tr> <td colspan="2">Weekdays:</td><td colspan="2">From _____ :</td><td colspan="2">_____ to _____ :</td><td colspan="2"></td><td colspan="2">(break time:</td><td colspan="2">minutes)</td> </tr> <tr> <td colspan="2">Saturdays:</td><td colspan="2">From _____ :</td><td colspan="2">_____ to _____ :</td><td colspan="2"></td><td colspan="2">(break time:</td><td colspan="2">minutes)</td> </tr> <tr> <td colspan="2">Sundays and holidays:</td><td colspan="2">From _____ :</td><td colspan="2">_____ to _____ :</td><td colspan="2"></td><td colspan="2">(break time:</td><td colspan="2">minutes)</td> </tr> </table>	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Holiday	Total working hours	Monthly working hours:	hours	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"/>	hours	(including break time:	minutes)		Number of working days per month				_____ days				Number of working days per week		_____ days		Weekdays:		From _____ :		_____ to _____ :				(break time:		minutes)		Saturdays:		From _____ :		_____ to _____ :				(break time:		minutes)		Sundays and holidays:		From _____ :		_____ to _____ :				(break time:		minutes)	
		Mon	Tue	Wed	Thu	Fri	Sat	Sun	Holiday	Total working hours	Monthly working hours:	hours	minutes																																																													
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Sundays and holidays:		From _____ :		_____ to _____ :				(break time:		minutes)																																																																
Working hours (In the case of irregular work)	Total working hours	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	_____ hours _____ minutes (break time: _____ minutes)																																																																							
	Number of working days	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	_____ days																																																																							
		Main working hours or shift working hours	From _____ : _____ to _____ : _____ (HH:MM) (break time: _____ minutes)																																																																							
7	Actual work performed <small>*The number of working days includes paid vacation, and the number of working hours includes breaks and overtime.</small>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Year & month _____ / _____ (YYYY/MM)</td> <td>Year & month _____ / _____ (YYYY/MM)</td> <td>Year & month _____ / _____ (YYYY/MM)</td> </tr> <tr> <td>_____ days per month</td> <td>_____ hours per month</td> <td>_____ days per month _____ hours per month</td> </tr> </table>	Year & month _____ / _____ (YYYY/MM)	Year & month _____ / _____ (YYYY/MM)	Year & month _____ / _____ (YYYY/MM)	_____ days per month	_____ hours per month	_____ days per month _____ hours per month																																																																		
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8	Taking maternity or childcare leave <small>* Includes planned leave</small>	<input type="checkbox"/> Planning to take leave <input type="checkbox"/> Currently taking leave <input type="checkbox"/> Have already taken leave Period From _____ / _____ / _____ to _____ / _____ / _____ (YYYY/MM/DD)																																																																								
9	Taking childcare leave <small>* Includes planned leave</small>	<input type="checkbox"/> Planning to take leave <input type="checkbox"/> Currently taking leave <input type="checkbox"/> Have already taken leave Period From _____ / _____ / _____ to _____ / _____ / _____ (YYYY/MM/DD)																																																																								
10	Taking a leave other than maternity or childcare leave	<input type="checkbox"/> Planning to take leave <input type="checkbox"/> Currently taking leave <input type="checkbox"/> Have already taken leave Reason _____ <input type="checkbox"/> Nursing care leave <input type="checkbox"/> Sick leave <input type="checkbox"/> Other() Period From _____ / _____ / _____ to _____ / _____ / _____ (YYYY/MM/DD)																																																																								
11	Date (or expected date) of return to work	<input type="checkbox"/> Planned return to work <input type="checkbox"/> Have already returned to work _____ / _____ / _____ (YYYY/MM/DD)																																																																								
12	Use of the Shorter Working Hours for Childcare system <small>(* Including planned use)</small>	<input type="checkbox"/> Planning to use <input type="checkbox"/> Currently using Period From _____ / _____ / _____ to _____ / _____ / _____ (YYYY/MM/DD) Main working hours and shift hours Time from _____ : _____ to _____ : _____ (HH:MM) (break time: _____ minutes)																																																																								
13	Are you employed (or planning to be employed) as a childcare worker?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes (planned) <input type="checkbox"/> No																																																																								
14	Remarks	_____																																																																								

(continued on the reverse side)

Additional information items

15	Relationship with the employer	<input type="checkbox"/> Relative	<input type="checkbox"/> Non-relative	Relationship							
16	Salary payment for item No. 7, "Actual work performed" * Amount of salary excluding lump-sum bonus and commuting allowance (before deduction of taxes, social insurance, etc.)	Year & month	/	(YYYY/MM)	Year & month	/	(YYYY/MM)	Year & month	/	(YYYY/MM)	
		yen			yen			yen			
When the (planned) period of employment in item No. 3, "Period of employment (planned)," depends on the child's enrollment in a nursery school, etc., check the following box.											
17	<input type="checkbox"/> Depends on the child's enrollment in a nursery school, etc.										
When the (planned) period of employment in item No. 3 is for a fixed term, check one of the following boxes.											
18	Will the employment be renewed after the expiration of the term?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes (planned) <input type="checkbox"/> No <input type="checkbox"/> Undecided									
		Planned period of employment	From	/	/	to	/	/	(YYYY/MM/DD)		
When the working hours in item No. 6 are for irregular work, complete the following.											
19	Working hours	Time period ①: From : to : (HH:MM) (break time: min)									
		Time period ②: From : to : (HH:MM) (break time: min)									
		Time period ③: From : to : (HH:MM) (break time: min)									
	Working days	Time period ①: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holidays <input type="checkbox"/> Irregular									
		Time period ②: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holidays <input type="checkbox"/> Irregular									
		Time period ③: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holidays <input type="checkbox"/> Irregular									
When the applicant will or is planning to take childcare leave in item No. 9, check one of the following boxes.											
20	Is it possible to shorten the period of childcare leave in the case of a preliminary offer of enrollment in a nursery school?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
When the applicant will or is planning to use the Shorter Working Hours for Childcare system in item No. 12, complete the following.											
21	Working hours after the change * Including break time	Monthly	hours	minutes	Daily	hours	minute	Working days	days per month		
22	Actual use of the Shorter Working Hours for Childcare system	Period	From	/	/	to	/	/	(YYYY/MM/DD)		
		Main working hours or shift hours	From	:	:	to	:	(HH:MM)	(break time: min)		
		Working hours after the change * Includes break time	Monthly	hours	minutes	Number of working days	days per month				
			Daily	hours	minutes (break time: minutes)						

- 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