Certificate Of Employment

To Meguro Ward Welfare Office Directo

Date of certification	Year	Month		Day
Name of Business Office				
Name of Representative				
Location Address				
Phone Number	_		_	
Contact Person Name				
Contact Person Phone Number	_		_	

I certify that the following information is true and correct.

XIf you make false or alter the contents of this certificate without the permission of your employer, you may be charged with a crime under the Criminal Code.

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No.	ITEMS	Entry Column							
1	Type of Industry	Agriculture-Forestry Fishing Industry Mining Quarrying Gravel extraction Construction Manufacturing Industry Manufacturing Industry Manufacturing Industry Industry Industry Manufacturing Industry Industry Industry Manufacturing Industry Industry Industry Real Estate Leasing Busines Academic Research Specialties Technical Service Hospitality Food Service Industry Lifestyle-related Entertainment Medical Care Welfare Education Learning Combined and Multiple Official Busines: Others ()							
	Furigana (in kana)	support business Service Business Official Business Official Business	_						
2		Date of V							
3	Full Name Employment (expected)	No / Period Period	iy						
3	period, etc.	Period fill the starting date of Name	_						
4	Office/ Place of Employment	Address							
5	Type Of Employment	Full-time Part-time Temporary Contract Employee Fiscal Year Appointed Official Part-time Casual Staff Execution Self-Employee Sull-time Self Employee Family Employee Side Outsource Others (ive						
		Mon Tue Wed Thu Fri Sat Sun National/Public Holidays Total Monthly Hours Mins (Break Time Min	ins)						
	Working Hours (For Fixed Period, Working	Working Days Per Month Monthly Days Working Days Per Week Weekly Days							
	Hours)	Weekdays Hours Mins ~ Hours Mins (Break Time Mins)							
6		Saturday Hours Mins ~ Hours Mins (Break Time Mins) Sunday Hours Mins (Break Time Mins)							
		and Hours Mins ~ Hours Mins (Break Time Mins)	_						
	Working Hours (For Irregular Work)	Total Hours Monthly Weekly Hours Mins (Break Time Mins)	_						
		Number of Working Days Monthly Weekly Days							
		Main Working Hours Hours Mins ~ Hours Mins (Break Time Mins)							
7	Work Experience *Number of days includes paid	Years and Months Years Months Years and Months Years Months Years Months Months Months Months Years Months Months	s						
	vacations, Hours includes breaks and overtime	Days/Month Hours/Month Days/Month Hours/Month Days/Month Hours/Month Hours/Month Days/Months Hours/Months	š						
8	Maternity leave before and after childbirth *Includes expected plan to take	to take Currently Taking							
Ü		Period Years Months Days ~ Year Months Days							
9	Paternity leave *Includes expected plan	Expected Currently Taken							
Ů	to take	Period Years Months Days ~ Years Months Days							
10	Leave other than maternity and paternity leave	Expected Currently Taken Reasons Family-care Leave Sick Leave Others (
	Taking of leave other than maternity or childcare leave Returning to Work	Period Years Months Days ~ Years Months Days _ Expected to Also dure turned to	_						
11	(Expected) Year Month Day	Expected to Already returned to Pars Months Days Work Work							
12	Reduced working hours for childcare	Expected Currently Taking Period Year Month Day ~ Year Month Day							
	Availability of Reduced time working Hours for childcare	Main Working Hours Hours Hours Mins ∼ Hours Mins (Break Time Mins)							
	Including plans to take advantage of this system In Case of Whether the	•Shift hours	_						
13	applicant is working as a childcare worker, etc.	☐ Yes ☐ Yes (Expected) ☐ No							
14	Reference Remarks		_						
Α	dditional Column for Referen	pe Remarks							