

Dear person in charge of personnel affairs and salary:
 We appreciate your spending time to provide the information below for entering a nursery school.
 Fill in each item correctly without omission.
 Please beware that the certificate would be invalid if you made corrections with correction fluid.
 We might contact and ask the person in charge of personnel affairs and salary for reference.
 If you have any question on the form, please contact the Day Nursery Section of Meguro City Office.
 Tel:03-5722-9868 or 03-5722-9869

※DO NOT provide false information.

Filled in by guardian	Name of child
	Date of birth / /

勤務証明書(保育の利用申込用)
Employment Certificate

(For Nursery School and Approved Day Care Provider Service)

To: Director General, Welfare Office, Meguro City Office

Company Location: _____
 Company Name: _____
 Representative's Name: _____
 Tel: _____
 Person in charge of personnel affairs: _____

This is to certify that the following information is true.

Date of certification in / /
 ※The certificate would be invalid if lacked the date of certification or unless the date of certification were within the month, or the preceding month, or two months ago.

Name of employee	Address of employee		
Company Location	※Fill in the address below if the place of work is different from the address above in "Company Location". The employee has been (or is planning to be) a business bachelor for 6 months or over since ___year ___month ___day		
Division name	TEL		
Date of employment	/ / (dd/mm/yy)	If the employment contract delineates the period of employment,	the employment contract is, or scheduled, to be renewed by ___year ___month ___day.
Type of employment	Regular · Temporary · Outsourced worker · Part time · Home employed · others ()		
Working Days	___days/week(___hours/week)/___days/month	No.of holidays:()regular/irregular	
Working hours	1 Regular working hours (Full in de facto working hours if the employee is on a flex time or discretionary labor contract.) Weekdays: : (AM/PM) to : (AM/PM) (recess(min.)is included) Saturday: : (AM/PM) to : (AM/PM) (recess(min.)is included) 2 Variable Working Hours System ※Put ○ or give description where applicable. ① : (AM/PM) to : (AM/PM) (recess(min.)is included) ② : (AM/PM) to : (AM/PM) (recess(min.)is included) ③ : (AM/PM) to : (AM/PM) (recess(min.)is included)		
Sick Leave/Family Care Leave/Other Leave	The employee is on (1. sick leave 2. family care leave 3. _____ leave) from ___ year ___ month ___ day to ___ year ___ month ___ day.		
Latest 3 months Payments ※If there is no payments because he/she is taking child-care leave or right after starting work please fill "0yen".	Month	Month of	Month of
	Work days (including paid holidays)	_____days (total____hrs)	_____days (total____hrs)
	Payment amount (excluding bonus & commuting)	_____Yen	_____Yen
Current condition or schedule of maternity or child-care leave	Maternity leave	From / / to / / (dd/mm/yy)	
	Child care leave (including planning)	From / / to / / (dd/mm/yy) ※The employee can return to work in the month when my child is accepted by a child care (nursery) facility.	
		The day of coming back to work in taking your previous child care leave other than the above. / /	
Current condition or schedule of reduced working hours.	Period (decided or scheduled)	From / / to / / (dd/mm/yy)	
	Working hours	From : AM/PM to : AM/PM	

If the employee had filed an application for an entry into a child-care facility prior to the expiration of her child-care leave, and she was entitled to an entry she would be required to shorten her child-care leave and return to work. The employee herself would also be required to consent to shortening her child-care leave and returning to work on the flip side.

Consent to shortening child-care leave

Date of certification in / /

Upon application for a child-care service, I consent to returning to work within the month when I become entitled to services at a child-care facility and submitting a "returning to work" certificate denoting that. I also consent to nullification of the entitlement in case I fail to return to work at the workplace written on the certificate or submit the "returning to work" certificate by the designated due date.

address

name (the person on maternity leave/child-care leave is supposed to hand-write)
