## **Employment Certificate**

## To Mayor of Kokubunji City

Date of certification	YY	MM	DD
Name of company			
Name of representative	е		
Address			
Telephone No.	_	_	-
Person in charge			
Tel.No.of above persor	n —	-	-

I certify that the following information is true and correct.

<u>XYou may be charged with a criminal offense if the contents of this certificate are created or altered without the permission of the employer.</u>

No.	ltem							Colum	n							
1	Type of business	□ 農業・林業 □ 漁業 □ 鉱業・採石業・砂利採取業 □ 建設業 □ 製造 □ 情報通信業 □ 運輸業・郵便業 □ 卸売業・小売業 □ 金融業・保険業 □ 学術研究・専門・技術サービス □ 宿泊業・飲食サービス業 □ 生活関連サービス業・娯□ 教育・学習支援業 □ 複合サービス事業 □ 公務 □ その他(									□ 不動産業·物品賃貸業					
2	Katakana											Data of				
۷	Name											Date of birth		YY	MM	DD
3	Employment period	□ 無期	□ 有期	Period Start date of employment f		or Indefinite		YY	MM DD		DD	~	YY	MN	1	DD
4	Name of work place		ime													
			dress						_	A =1 / -	/		11 1/ 441 - m4			<u></u>
5	Type of employment	□正社		パート・アル		] 派遣社員		契約社員		会計年度	任用職		非常勤・蹈	語時職員		役員
		□自営		自営業専		家族従業		□内職	Ш	業務委託		□ その他	也(			)
	Work hour	Mon. Tue.	Wed. Thu.	Fri. Sat	+		otal our	Per month		h	our		min. ( E	Break .		min.)
		Work	days per	month		da	ays	Work	day	s per wee	ek			days		
	(Fixed)	Weekday		:	~			:		( E	Break		min.)			
		Saturday		:	~			:		( E	Break		min.)			
6		Sunday / Holiday		:	~			:		( E	Break		min. )			
	Work hour (Irregular)	Total	hour	□ Per	month $\square$ Per	week		hour		min		( Break		min. )		
		Work	days	☐ Per	month $\square$ Per	week		days								
			ork hours ork hours		:	~			:			( Break		min.)		
	Recent work record  **Includes paid vacations,breaks, and overtime.	Yr./Mo.		Yr.	Mo.	Yr./Mo.		Yr.		Mo		Yr./Mo.		Yr.		Мо.
7			days		hours		day	rs		hour	·s		days		h	ours
8	Period of maternity leave	□ Will t	take $\square$	Is taking	☐ Has taker	1		•						•		
O	(Planned)	Period		YY	ММ	DD		~			YY		ММ	DE	)	
0	Period of childcare leave	□ Will t	take $\square$	Is taking	☐ Has taker	1										
9	(Planned)	Period		YY	ММ	DD		~			YY		ММ	DE	)	
10	Leaves other than above	□ Will t	take $\square$	Is taking	☐ Has taker	Reason		Caregiving	l	□ Sick	(	□ Oth	er (			)
		Period		YY	ММ	DD		~			YY		ММ	DE	)	
11	Date of return-to-work (Planned)	□ Plan	to return	☐ Has	returned	YY		ММ		DD						
12	Short-hour-work system	□ Will t	take $\square$	Is taking		Period		YY		ММ	DD	~	YY	MN	1	DD
	for childcare (Planned)		ork hours		:	~			:			( Break		min. )		
13	Work as nursery school	☐ Yes		ct to wor	k □ No											
14	Remarks															