

Certificate of Employment

To: Mayor of Onojo City



※Information regarding the prescribed format and sample entries is also available on the City's official website.

Date of Certification:	YYYY	MM	DD
Name of Business/Organization			
Name of Representative			
Address			
Telephone Number	—	—	
Name of Person in Charge			
Your Contact Information	—	—	

This is to certify that the information stated below is true and correct.

※Please note that if this certificate is prepared or altered without authorization by the employer or other relevant organization, the person responsible may be subject to criminal penalties under the Penal Code.

No.	Item	Entry Field																																																																																							
1	Type of Industry	<input type="checkbox"/> Agriculture and Forestry <input type="checkbox"/> Fisheries <input type="checkbox"/> Mining, Quarrying and Gravel Extraction <input type="checkbox"/> Construction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Electricity, Gas, Heat Supply, and Water Utilities <input type="checkbox"/> Information and Communications <input type="checkbox"/> Transportation and Postal Service <input type="checkbox"/> Wholesale and Retail Trade <input type="checkbox"/> Finance and Insurance <input type="checkbox"/> Real Estate and Goods Rental and Leasing <input type="checkbox"/> Academic Research, Professional, and Technical Services <input type="checkbox"/> Accommodation, and Food and Beverage Services <input type="checkbox"/> Personal Services and Entertainment <input type="checkbox"/> Medical Care and Social Welfare <input type="checkbox"/> Education and Learning Support <input type="checkbox"/> Combines Services <input type="checkbox"/> Public Administration <input type="checkbox"/> Other ()																																																																																							
2	Furigana (Phonetic Reading) Employee's Full Name	Date of Birth YYYY MM DD																																																																																							
3	Period of Employment (including planned period)	<input type="checkbox"/> Indefinite-term <input type="checkbox"/> Fixed-term Employment Period (For indefinite-term employment, state start date only) YYYY MM DD ~ YYYY MM DD																																																																																							
4	Employer / Place of Employment	Name Address																																																																																							
5	Type of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-time, Casual Employee <input type="checkbox"/> Dispatched Worker (Temporary Agency Worker) <input type="checkbox"/> Contract Employee <input type="checkbox"/> Fiscal Year Appointed Employee <input type="checkbox"/> Non-regular/Temporary Employee <input type="checkbox"/> Executive/Officer <input type="checkbox"/> Self-employed <input type="checkbox"/> Full-time Family Worker (Self-employed) <input type="checkbox"/> Family Worker <input type="checkbox"/> Home-based Worker <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Other ()																																																																																							
6	Working Hours (For fixed working hours)	<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>Public Holiday</th><th>Total Hours</th><th>Monthly</th><th>HH</th><th>MM</th><th>(Including Break Time)</th><th>MM</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></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td colspan="4">Number of Working Days per Month</td><td colspan="4">Per Month</td><td>Days</td><td colspan="2">Number of Working Days per Week</td><td colspan="2">Per Week</td><td>Days</td></tr> <tr> <td colspan="4">Weekdays</td><td colspan="4">HH</td><td>MM</td><td>~</td><td colspan="2">HH</td><td colspan="2">MM (Including Break Time)</td><td>MM</td></tr> <tr> <td colspan="4">Saturday</td><td colspan="4">HH</td><td>MM</td><td>~</td><td colspan="2">HH</td><td colspan="2">MM (Including Break Time)</td><td>MM</td></tr> <tr> <td colspan="4">Sunday & Public Holidays</td><td colspan="4">HH</td><td>MM</td><td>~</td><td colspan="2">HH</td><td colspan="2">MM (Including Break Time)</td><td>MM</td></tr> </table>	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Public Holiday	Total Hours	Monthly	HH	MM	(Including Break Time)	MM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							Number of Working Days per Month				Per Month				Days	Number of Working Days per Week		Per Week		Days	Weekdays				HH				MM	~	HH		MM (Including Break Time)		MM	Saturday				HH				MM	~	HH		MM (Including Break Time)		MM	Sunday & Public Holidays				HH				MM	~	HH		MM (Including Break Time)		MM
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Main Working Hours / Shift Time		HH	MM	~	HH	MM	(Including Break Time)	MM																																																																																	
Work Record		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Year / Month</th><th>YYYY</th><th>MM</th><th>Year / Month</th><th>YYYY</th><th>MM</th><th>Year / Month</th><th>YYYY</th><th>MM</th></tr> <tr> <td>Days per Month</td><td>Hours per Month</td><td>Days per Month</td><td>Hours per Month</td><td>Days per Month</td><td>Hours per Month</td><td>Days per Month</td><td>Hours per Month</td><td>Days 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	Days per Month	Hours per Month	Days per Month	Hours per Month	Days per Month																																																																					
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Maternity Leave (Pre and Postnatal) Taken ※Including planned leave.		<input type="checkbox"/> Planned / To Be Taken <input type="checkbox"/> Currently Taking Period YYYY MM DD ~ YYYY MM DD																																																																																							
Parental Leave (Pre and Postnatal) Taken ※Including planned leave.		<input type="checkbox"/> Planned / To Be Taken <input type="checkbox"/> Currently Taking <input type="checkbox"/> Taken Period YYYY MM DD ~ YYYY MM DD																																																																																							
Taking leave other than Maternity/Parental Leave		<input type="checkbox"/> Planned / To Be Taken <input type="checkbox"/> Currently Taking <input type="checkbox"/> Taken Reason <input type="checkbox"/> Care Leave <input type="checkbox"/> Sick Leave <input type="checkbox"/> Other (please specify) () Period YYYY MM DD ~ YYYY MM DD																																																																																							
Date of Return to Work (actual or planned)		<input type="checkbox"/> Planned Return <input type="checkbox"/> Returned YYYY MM DD																																																																																							
Use of Shortened Working Hours System for Childcare Purposes (Including Planned Use)		<input type="checkbox"/> Planned / To be taken <input type="checkbox"/> Currently Using Period YYYY MM DD YYYY MM DD Main Working Hours / Shift Time HH MM ~ HH MM (Including Break Time) MM																																																																																							
Work Experience as a Certified Childcare Worker or Equivalent		<input type="checkbox"/> Yes <input type="checkbox"/> Yes (Planned) <input type="checkbox"/> No																																																																																							
Renewal of Employment After Contract Expiration		<input type="checkbox"/> Yes <input type="checkbox"/> Yes (Planned) <input type="checkbox"/> No <input type="checkbox"/> Undecided																																																																																							
Eligibility to Shorten Parental Leave Upon Childcare Placement Confirmation		<input type="checkbox"/> Permitted <input type="checkbox"/> Permitted (Planned) <input type="checkbox"/> Not Permitted																																																																																							
Eligibility to Extend Parental Leave		<input type="checkbox"/> Permitted <input type="checkbox"/> Permitted (Planned) <input type="checkbox"/> Not Permitted																																																																																							
Period of Unaccompanied Assignment (Including Planned Periods)		YYYY MM DD ~ YYYY MM DD																																																																																							
Remarks																																																																																									
19	Section to Be Completed by Parent/Guardian	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Child's Name</th><th>Date of Birth</th><th>Facility Name</th><th><input type="checkbox"/> Currently Using</th><th><input type="checkbox"/> Application Pending (First Choice)</th></tr> <tr> <td>YYYY</td><td>MM</td><td>DD</td><td></td><td></td></tr> </table>	Child's Name	Date of Birth	Facility Name	<input type="checkbox"/> Currently Using	<input type="checkbox"/> Application Pending (First Choice)	YYYY	MM	DD																																																																															
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市記入欄	<input type="checkbox"/> 保 (内)	<input type="checkbox"/> 保 (外)	<input type="checkbox"/> 会	<input type="checkbox"/> 自本	<input type="checkbox"/> 自協	保護者	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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