

Employment certificate

To the Mayor of Edogawa City

Date of certification	AD	Year	Month	Day
Office name				
Name of representative				
Address				
Phone number	—	—		
Name of person in charge				
Listed person's contact information	—	—		

I certify that the following information is true and correct.

*If you make or alter the contents of this certificate without the permission of your employer, you may be charged with a crime under the Penal Code.

No.	Item	Entry section										
1	Industry	<input type="checkbox"/> Agriculture/forestry <input type="checkbox"/> Fishing <input type="checkbox"/> Mining, quarrying/gravel extraction industry <input type="checkbox"/> Construction industry <input type="checkbox"/> Manufacturing industry <input type="checkbox"/> Electricity, gas, heat supply/water supply industry <input type="checkbox"/> Telecommunications industry <input type="checkbox"/> Transportation/postal industry <input type="checkbox"/> Wholesale/retail industry <input type="checkbox"/> Financial/insurance industry <input type="checkbox"/> Real estate/goods rental industry <input type="checkbox"/> Academic research, professional/technical services <input type="checkbox"/> Lodging/food service industry <input type="checkbox"/> Lifestyle-related services/entertainment industry <input type="checkbox"/> Medical and welfare <input type="checkbox"/> Education/learning support industry <input type="checkbox"/> Complex service industry <input type="checkbox"/> Official business <input type="checkbox"/> Other ()										
2	Furigana											
	Full name of the employee								Date of Birth	Year	Month	Day
3	(Planned) Duration of employment, etc.	<input type="checkbox"/> Indefinite <input type="checkbox"/> Definite term		Period		(If the term is indefinite, only the employment start date)		Year	Month	Day	~ Year Month Day	
4	Place of employment	Name										
		Address										
5	Form of employment	<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time job <input type="checkbox"/> Temporary worker <input type="checkbox"/> Contract employee <input type="checkbox"/> Fiscal year appointed staff <input type="checkbox"/> Part-time/temporary staff <input type="checkbox"/> Executive <input type="checkbox"/> Independent business owner <input type="checkbox"/> Self-employed professional <input type="checkbox"/> Family worker <input type="checkbox"/> Side job <input type="checkbox"/> Outsourcing <input type="checkbox"/> Other ()										
6	Working conditions (For fixed employment)	Mon	Tue	Wed	Thu	Fri	Sat	Sun	National holiday	Total hours	Monthly hours minutes (includes minutes of break time 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"/>	<input type="checkbox"/>		
		Working days per month			Monthly Day			Working days per week			Weekly Day	
		Weekdays AM PM : ~ AM PM :			(includes minutes of break time minutes)							
		Saturday AM PM : ~ AM PM :			(includes minutes of break time minutes)							
	Sunday and national holiday AM PM : ~ AM PM :			(includes minutes of break time minutes)								
	Working conditions (non-fixed employment)	Total hours		<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly		hours minutes (includes minutes of break time minutes)						
		Number of days worked		<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly		Day						
		Main working hours and shift hours		AM PM : ~ AM PM :		(includes minutes of break time minutes)						
7	Work record *Number of days includes paid vacations, and number of hours includes breaks and overtime	Month/Year	Year Month		Month/Year	Year Month		Month/Year	Year Month			
		Day/month	Hours/month		Day/month	Hours/month		Day/month	Hours/month			
8	Acquisition of leave pre-natal/post-natal maternity *Including planned acquisitions	<input type="checkbox"/> Scheduled <input type="checkbox"/> now taking										
		Period	Year Month Day		~	Year Month Day						
9	Acquisition of childcare leave *Including planned acquisition	<input type="checkbox"/> Scheduled <input type="checkbox"/> now taking <input type="checkbox"/> Acquired										
		Period	Year Month Day		~	Year Month Day						
10	Acquisition of leave other than maternity or childcare leave	<input type="checkbox"/> Scheduled <input type="checkbox"/> Now taking <input type="checkbox"/> Acquired Reason <input type="checkbox"/> Nursing care leave <input type="checkbox"/> Sick leave <input type="checkbox"/> Other ()										
		Period	Year Month Day		~	Year Month Day						
11	Date of (planned) return to work	<input type="checkbox"/> Planning to return to work <input type="checkbox"/> Already returned to work Year Month Day										
12	Availability of short-time working hours for childcare *Including planned acquisitions	<input type="checkbox"/> Scheduled <input type="checkbox"/> now taking Period Year Month Day ~ Year Month Day										
		Main working hours and shift hours		Time minutes ~ Time minutes (includes minutes of break time minutes)								
13	Work experience situation as a childcare worker	<input type="checkbox"/> Yes <input type="checkbox"/> Yes (planned) <input type="checkbox"/> None										
14	Remarks column											
15	Employment situation	Working away from home <input type="checkbox"/> Yes <input type="checkbox"/> None				(Planned) Place of assignment						
16	Fixed salary (monthly amount)	Yen				*Monthly amount under the employment contract, not the amount of salary actually paid						
17	Most recent salary payment record	i Year Month				ii Year Month		iii Year Month				
	*Actual amount of salary paid	Yen				Yen		Yen				

<Entry column for parents/guardians> Please have a parent/guardian fill out this form.

Entry column for parents/guardians	Name of child	Date of Birth	<input type="checkbox"/> Currently using <input type="checkbox"/> Transfer <input type="checkbox"/> Now applying (1st choice)	
		Year Month Day	Facility Name	
	Name of child	Date of Birth	<input type="checkbox"/> Currently using <input type="checkbox"/> Transfer <input type="checkbox"/> Now applying (1st choice)	
		Year Month Day	Facility Name	

[Note on entry] *Please be sure to read this information as it is very important. If you have any questions, please contact the departments below.

- (1) This certificate is issued by a company or other entity to certify the employee's employment status. The certification will be invalidated if it is written by the parent/guardian himself/herself, except for private business owners, etc.
- (2) The validity period of this certificate is, in principle, three months from the date of certification. Furthermore, any certificate without a certification date will be deemed invalid.
- (3) If you make a false statement or forge or falsify a certificate, you may be criminally liable for forgery of a sealed private document, Article 159 of the Penal Code. In addition, the certification and acceptance decision will be cancelled. Please be advised that our staff may call or visit you to confirm the details of the certification.
- (4) Please cross out any corrections with a double line. Certifications made with erasable ballpoint pens or pencils or with the use of correction fluid or correction tape will be considered invalid.
- (5) If any violation of laws and regulations is found in working conditions, etc., the Labor Standards Inspection Office may be notified, depending on the circumstances.
- (6) Please fill in the work record for the three months prior to the leave if you are taking maternity or childcare leave, and for those who have just started working or whose record is less than three months, please enter the projected work record for the next three months.
- (7) If you are self-employed and applying for continued admission to a childcare facility or continued acceptance by a childcare provider for an infant, please attach documents proving your self-employment, such as a copy of your income tax return or a business opening notification, for the purpose of verifying your application details.

Childcare Division, Department of Children and Family Affairs, Edogawa Ward Tel: 03-5662-0066 (direct line),
Childcare Provider Section Tel: 03-5662-0072 (direct line), Childcare Support Section, Facility Use Benefits Section Tel: 03-5662-1012 (direct line)



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Example of a completed
certificate form
(Ward website)