

Employment certificate

To the Mayor of Edogawa City

Date of certification	DD/	MM/	YYYY
Office name			
Name of representative			
Address			
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 individual	Date of Birth DD MM YYYY																																																																																																																											
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) DD MM YYYY ~ DD MM YYYY																																																																																																																											
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	Number of hours worked (For fixed employment)	<table> <tr> <td>Mon</td><td>Tue</td><td>Wed</td><td>Thu</td><td>Fri</td><td>Sat</td><td>Sun</td><td>National holiday</td><td>Total hours</td><td>Monthly</td><td>hours</td><td>minutes (includes minutes of break time)</td><td>minutes)</td></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></tr> <tr> <td colspan="4">Working days per month</td><td colspan="4">Monthly</td><td>Days</td><td>Working days per week</td><td>Weekly</td><td>Days</td><td></td></tr> <tr> <td colspan="4">Weekdays</td><td>AM</td><td>:</td><td></td><td>~</td><td>AM</td><td>:</td><td colspan="3">(includes minutes of break time)</td><td>minutes)</td></tr> <tr> <td colspan="4"></td><td>PM</td><td>:</td><td></td><td></td><td>PM</td><td>:</td><td colspan="3"></td><td></td></tr> <tr> <td colspan="4">Saturday</td><td>AM</td><td>:</td><td></td><td>~</td><td>AM</td><td>:</td><td colspan="3">(includes minutes of break time)</td><td>minutes)</td></tr> <tr> <td colspan="4"></td><td>PM</td><td>:</td><td></td><td></td><td>PM</td><td>:</td><td colspan="3"></td><td></td></tr> <tr> <td colspan="4">Sunday and national holiday</td><td>AM</td><td>:</td><td></td><td>~</td><td>AM</td><td>:</td><td colspan="3">(includes minutes of break time)</td><td>minutes)</td></tr> <tr> <td colspan="4"></td><td>PM</td><td>:</td><td></td><td></td><td>PM</td><td>:</td><td colspan="3"></td><td></td></tr> </table>	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"/>						Working days per month				Monthly				Days	Working days per week	Weekly	Days		Weekdays				AM	:		~	AM	:	(includes minutes of break time)			minutes)					PM	:			PM	:					Saturday				AM	:		~	AM	:	(includes minutes of break time)			minutes)					PM	:			PM	:					Sunday and national holiday				AM	:		~	AM	:	(includes minutes of break time)			minutes)					PM	:			PM	:				
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7	Flexible work record *Number of days includes paid vacations, and number of hours includes breaks and overtime	<table> <tr> <td>Month/Year</td><td>MM</td><td>YYYY</td><td>Month/Year</td><td>MM</td><td>YYYY</td><td>Month/Year</td><td>MM</td><td>YYYY</td></tr> <tr> <td>Days/month</td><td>Hours/month</td><td>Days/month</td><td>Hours/month</td><td>Days/month</td><td>Hours/month</td><td>Days/month</td><td>Hours/month</td><td></td></tr> </table>	Month/Year	MM	YYYY	Month/Year	MM	YYYY	Month/Year	MM	YYYY	Days/month	Hours/month	Days/month	Hours/month	Days/month	Hours/month	Days/month	Hours/month																																																																																																										
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8	Acquisition of leave pre-natal/post-natal maternity *Including planned acquisitions	<input type="checkbox"/> Scheduled <input type="checkbox"/> now taking Period DD MM YYYY ~ DD MM YYYY																																																																																																																											
9	Acquisition of childcare leave *Including planned acquisition	<input type="checkbox"/> Scheduled <input type="checkbox"/> now taking <input type="checkbox"/> Acquired Period DD MM YYYY ~ DD MM YYYY																																																																																																																											
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 DD MM YYYY ~ DD MM YYYY																																																																																																																											
11	Date of (planned) return to work	<input type="checkbox"/> Planning to return to work <input type="checkbox"/> Already returned to work DD MM YYYY																																																																																																																											
12	Availability of short-time working system for childcare *Including planned acquisitions	<input type="checkbox"/> Scheduled <input type="checkbox"/> now taking Period DD MM YYYY ~ DD MM YYYY Main working hours and shift hours AM PM : ~ AM PM : (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																																																																																																																												
Additional fields of entry																																																																																																																													
15	Employment situation	Job transfer 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 *Actual amount of salary paid	<table> <tr> <td>i</td><td>MM</td><td>YYYY</td><td>ii</td><td>MM</td><td>YYYY</td><td>iii</td><td>MM</td><td>YYYY</td></tr> <tr> <td colspan="3">Yen</td><td colspan="3">Yen</td><td colspan="3">Yen</td></tr> </table>	i	MM	YYYY	ii	MM	YYYY	iii	MM	YYYY	Yen			Yen			Yen																																																																																																											
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<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)	
		DD	MM	YYYY	Facility Name	
	Name of child	Date of Birth			<input type="checkbox"/> Currently using <input type="checkbox"/> Transfer <input type="checkbox"/> Now applying (1st choice)	
		DD	MM	YYYY	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. Those without a certification date (within 3 months of the application date) will also be considered invalid.

(2) 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.


(3) Please cross out any corrections with a double line. However, certifications made with erasable ballpoint pens or pencils or with the use of correction fluid or correction tape will be considered invalid.

(4) 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.

(5) Please fill in the work record for the three months prior to the leave if you are taking maternity or childcare leave, or to the extent that the record has been finalized if the record is less than three months immediately after the start of employment.

(6) If you are applying for admission to a daycare facility (continued) or for entrustment of a childcare provider (continued) and are self-employed, please attach a copy of your tax return or a notification of business opening, etc. to confirm the details of your declaration

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



▲
Example of a completed
certificate form
(Ward website)