

Employment certificate

(Standard format for large cities)

To the Mayor of Edogawa City

*This certificate should be prepared by the employer of the parent/guardian, not by the parent/guardian him/herself.

(1) Name of office issuing the certificate	
(2) Address of office issuing the certificate	
(3) Name of person responsible for issuing the certificate	
(4) Position of the person responsible for issuing the certificate	

(5) Date of certification	AD	Year	Month	Day
(6) Who to contact for inquiries	Department in charge			
	Name of person in charge			
	Tel.	—	—	

I certify that the following information is true (only applies to information known to the issuer as of the date of certification).

If the contents of this certificate are created or altered without the permission of your employer, you may be charged with a crime under the Penal Code.

No.	Item	Entry section
1	Furigana	
	Full name of the individual	
	Address of the individual	

Items related to the individual's employment status and place of employment (including intended place of employment)

2	Employment status/plans	<input type="checkbox"/> Currently working <input type="checkbox"/> On maternity/childcare leave <input type="checkbox"/> Planning to work (including new job offers) <input type="checkbox"/> Other ()
3	Name of main place of employment <small>*Fill in if different from (1).</small>	
4	Main address of place of employment <small>*Fill in if different from (2).</small>	

Items related to the contents of contracts with the individual (employment contracts and other contracts related to employment) and work regulations
*Please describe matters related to the details in the employment contract and work regulations, not the actual number of hours or days worked.

5	Employment position type	Executive/independent business owner	<input type="checkbox"/> Executive (directors and auditors of companies, directors of corporations, etc.) <input type="checkbox"/> Self-employed (Independent business owner)
		Employee	<input type="checkbox"/> Regular staff/employee <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary employee <input type="checkbox"/> Contract/ part-time employee <input type="checkbox"/> Fiscal year appointment staff <input type="checkbox"/> Full-time independent business
		Other	<input type="checkbox"/> Side job <input type="checkbox"/> Family worker <input type="checkbox"/> Outsourcing <input type="checkbox"/> Other ()
	Work system	<input type="checkbox"/> Fixed work hour system <input type="checkbox"/> Flexible work hour system <input type="checkbox"/> Flextime system <input type="checkbox"/> De factor work hour system for work outside the workplace <input type="checkbox"/> Discretionary work system <input type="checkbox"/> Other ()	

6	Number of days worked	Per month, days
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7	Number of hours worked <small>*Including break time</small>	In a month	hours	minutes
		Day	hours	minutes <small>*Average per month</small>

8	Work periods <small>*In the case of a flextime or discretionary work system, enter standard work hours. *In the case of irregular work, attach the shift chart for the most recent three months. (for the most recent three months.)</small>	Time range (1)	: ~ :	(includes minutes of break time)
		Time range (2)	: ~ :	(includes minutes of break time)
		Time range (3)	: ~ :	(includes minutes of break time)

9	Work days <small>*In the case of irregular work, attach the shift chart for the most recent three months.</small>	Time range (1)	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holidays <input type="checkbox"/> Irregular
		Time range (2)	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holidays <input type="checkbox"/> Irregular
		Time range (3)	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holidays <input type="checkbox"/> Irregular
		Remarks	

10	(Planned) Duration of employment, etc.: <small>*Enter the date of (planned) start of work, not the date the contract was signed *For those with a fixed term, also enter the end date as well</small>	Employment Contract Status	<input type="checkbox"/> Indefinite period <input type="checkbox"/> Definite period
		Date of (planned) start of work (date of hire or other date on which you began working)	~ Contract expiration date (if fixed term, please specify)
		Year Month Day or <input type="checkbox"/> Depends on admission to childcare center, etc.	~ Year Month Day
		Renewal after expiration	<input type="checkbox"/> Yes <input type="checkbox"/> Yes (planned) <input type="checkbox"/> No <input type="checkbox"/> Undecided

Items related to the individual's work record *Please enter the "actual" hours actually worked/the "actual amount paid."

11	Recent work record	Year/Month	i Year Month	ii Year Month	iii Year Month
		Number of days worked <small>*Including paid holidays</small>	Days	Days	Days
		Salary payment record <small>*Salary amount excluding lump-sum bonus payment and commuting allowance (before deduction of taxes, social insurance, etc.)</small>	yen	yen	yen

Items related to childcare-related leave and reduced work hour arrangements											
12	(Planned) Pre-natal/post-natal maternity leave period	<input type="checkbox"/> Planned	Year	Month	Day	~	Year	Month	Day		
		<input type="checkbox"/> Scheduled	Year	Month	Day	~	Year	Month	Day		
13	(Planned) Childcare leave period	Basis	<input type="checkbox"/> Legal <input type="checkbox"/> In-house								
		<input type="checkbox"/> Planned	Year	Month	Day	~	Year	Month	Day		
		<input type="checkbox"/> Scheduled	Year	Month	Day	~	Year	Month	Day		
		Possibility of reducing childcare leave if offer of admission received					<input type="checkbox"/> Possible <input type="checkbox"/> Not possible				
14	(Planned) Date for returning to work	Year	Month	Day	*Only for cases where the applicant is taking childcare leave, etc. at the business office that issued the certificate.						
15	Record of changes in work arrangements, including the use of reduced working hours for childcare (Undergoing/ will undergo changes)	(Planned) Change in work schedule	<input type="checkbox"/> Yes <input type="checkbox"/> No	Factors for schedule change		<input type="checkbox"/> Use of childcare and reduced work hour systems <input type="checkbox"/> Change as a result of returning to work from leave other than maternity leave <input type="checkbox"/> Change of employment status <input type="checkbox"/> Other ()					
		(Planned) Period of change in work schedule	Year	Month	Day	~	Year	Month	Day		
		Work hours after the change	Time range (1)	:	~	:	(includes minutes of break time)				
			Time range (2)	:	~	:	(includes minutes of break time)				
			Time range (3)	:	~	:	(includes minutes of break time)				

Work as a childcare worker, etc. (childcare worker, kindergarten teacher, or childcare teacher)									
16	Work experience situation	<input type="checkbox"/> Yes <input type="checkbox"/> Yes (planned) <input type="checkbox"/> No							

Remarks									
Remarks *Please fill in the form below with any information that you (as the person in charge) would like to convey to the ward.									

Edogawa Ward Additional Items									
Other basic matters									
17	Basic matter	Employee number, etc. (optional)							

Items related to the individual's employment status and place of employment (including intended place of employment)											
18	Employment status/plans (2)	Job transfer away from home	<input type="checkbox"/> Yes <input type="checkbox"/> No	Period	Start date of assignment (expected date of assignment) ~ End date of assignment *Not required if not yet determined						
			Year Month Day ~ Year Month Day								
		(Planned) Place of assignment									
		Main location of employment		<input type="checkbox"/> At home <input type="checkbox"/> Outside home							
Job details											

Items related to contracts made with the individual										
*Please provide information regarding the details of the employment contract, not the actual amount of salary paid.										
19	Employment position type (2)	Salary structure	<input type="checkbox"/> Annual salary <input type="checkbox"/> Monthly salary <input type="checkbox"/> Daily salary <input type="checkbox"/> Hourly salary <input type="checkbox"/> Other ()			Amount	yen			

(*This is the end of the business certification section)

Guardian Entry section	Name of child		Birth Date			<input type="checkbox"/> Attending <input type="checkbox"/> Transfer <input type="checkbox"/> Registering (first choice)				
			Year	Month	Day	Facility Name				
	Name of child		Birth Date			<input type="checkbox"/> Attending <input type="checkbox"/> Transfer <input type="checkbox"/> Registering (first choice)				
			Year	Month	Day	Facility Name				

*The Work Certificate form and instructions for filling out the form are available and can be downloaded from Edogawa Ward's website and Myna Portal.

[Precautions when filling out the form] *Please be sure to read the following 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 certificate will be invalid if it is written by the parent/guardian himself/herself, except in the case of sole proprietors, 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, based on 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 things out with a double line when making corrections. However, certifications made with erasable ballpoint pens or pencils or with the use of correction fluid or correction tape will be considered invalid.

(4) Depending on the circumstances, if any violation of laws and regulations is found in working conditions, etc., the Labor Standards Inspection Office may be notified.

(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 after start of employment.

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

Childcare Section, Division of Childcare, Child and Family Department, Edogawa Ward ☎03-5662-0066 (direct line), Childcare Provider Division ☎03-5662-0072 (direct line), Child Rearing Support Section, Facility Use Benefits Division ☎03-5662-1012 (direct line)



Example of a completed certificate form (Ward website)