

Employment certificate

To the Mayor of Edogawa City

| | | | | |
|----------------------------------|----|------|-------|-----|
| Date of certification | AD | Year | Month | Day |
| Office name | | | | |
| Name of represe | | | | |
| Address | | | | |
| Tel. — — | | | | |
| Name of person in charge | | | | |
| Listed person's contact tel. — — | | | | |

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 <input type="checkbox"/> Construction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Electricity/gas/heat supply/water supply <input type="checkbox"/> Telecommunications <input type="checkbox"/> Transportation/postal <input type="checkbox"/> Wholesale/retail <input type="checkbox"/> Financial/insurance <input type="checkbox"/> Real estate/goods rental <input type="checkbox"/> Academic research/professional/technical services <input type="checkbox"/> Lodging/food service <input type="checkbox"/> Lifestyle-related services/entertainment <input type="checkbox"/> Medical/welfare <input type="checkbox"/> Education/learning support <input type="checkbox"/> Complex service <input type="checkbox"/> Official business <input type="checkbox"/> Other() | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Furigana | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Full name of the individual | Date of Birth _____ YYYY ____ MM ____ D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) _____ YYYY ____ MM ____ D ~ _____ YYYY ____ MM ____ D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 and temporary staff <input type="checkbox"/> Executive <input type="checkbox"/> Self-employed <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 border="1" style="width: 100%; border-collapse: collapse;"> <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>Monthly</td><td>Day</td><td colspan="2">Working days per week</td><td>Weekly</td><td>Day</td><td colspan="3"></td> </tr> <tr> <td colspan="4">Weekdays</td><td>:</td><td>~</td><td>:</td><td colspan="6">(includes minutes of break time minutes)</td> </tr> <tr> <td colspan="4">Saturday</td><td>:</td><td>~</td><td>:</td><td colspan="6">(includes minutes of break time minutes)</td> </tr> <tr> <td colspan="4">Sunday and national holiday</td><td>:</td><td>~</td><td>:</td><td colspan="6">(includes minutes of break time minutes)</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 | Day | Working days per week | | Weekly | Day | | | | Weekdays | | | | : | ~ | : | (includes minutes of break time minutes) | | | | | | Saturday | | | | : | ~ | : | (includes minutes of break time minutes) | | | | | | Sunday and national holiday | | | | : | ~ | : | (includes minutes of break time minutes) | | | | | |
| | | 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 | Day | Working days per week | | Weekly | Day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Weekdays | | | | : | ~ | : | (includes minutes of break time minutes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Saturday | | | | : | ~ | : | (includes minutes of break time minutes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sunday and national holiday | | | | : | ~ | : | (includes minutes of break time minutes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of hours worked (For flexible work) | 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 | : | ~ | : | (includes minutes of break time minutes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Work record <small>*Number of days includes paid vacations, and number of hours includes breaks and overtime</small> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Year/Month</td><td>Year</td><td>Month</td><td>Year/Month</td><td>Year</td><td>Month</td><td>Year/Month</td><td>Year</td><td>Month</td> </tr> <tr> <td>Day/month</td><td>Hours/month</td><td>Day/month</td><td>Hours/month</td><td>Day/month</td><td>Hours/month</td><td>Day/month</td><td>Hours/month</td><td>Day/month</td> </tr> </table> | Year/Month | Year | Month | Year/Month | Year | Month | Year/Month | Year | Month | Day/month | Hours/month | Day/month | Hours/month | Day/month | Hours/month | Day/month | Hours/month | Day/month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year/Month | Year | Month | Year/Month | Year | Month | Year/Month | Year | Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Day/month | Hours/month | Day/month | Hours/month | Day/month | Hours/month | Day/month | Hours/month | Day/month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Acquisition of leave pre-natal/post-natal maternity <small>*Including planned acquisition</small> | <input type="checkbox"/> Scheduled <input type="checkbox"/> Now taking Period _____ YYYY ____ MM ____ D ~ _____ YYYY ____ MM ____ D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Acquisition of childcare leave <small>*Including planned acquisition</small> | <input type="checkbox"/> Scheduled <input type="checkbox"/> Now taking <input type="checkbox"/> Acquired Period _____ YYYY ____ MM ____ D ~ _____ YYYY ____ MM ____ D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 _____ YYYY ____ MM ____ D ~ _____ YYYY ____ MM ____ D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Date of (planned) return to work | <input type="checkbox"/> Plans to return to work <input type="checkbox"/> Already returned to work _____ YYYY ____ MM ____ D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Availability of short-time working system for childcare <small>*Including planned acquisition</small> | <input type="checkbox"/> Scheduled <input type="checkbox"/> Now taking Period _____ YYYY ____ MM ____ D ~ _____ YYYY ____ MM ____ D Main working hours and shift hours : ~ : (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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please enter the "actual" hours actually worked/the "actual amount paid." | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | Recent work record | Year/Month | i _____ YYYY ____ M | ii _____ YYYY ____ M | iii _____ YYYY ____ M | Fixed salary (Monthly amount) | Monthly amount under the employment contract, not the amount of salary actually paid Yen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Number of days worked <small>*Including paid holidays</small> | D | D | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Salary payment record | 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"/> In use <input type="checkbox"/> Transfer <input type="checkbox"/> Applied (first choice) | |
| | | _____ YYYY _____ MM _____ D | Facility name | |
| | Name of child | Date of Birth | <input type="checkbox"/> In use <input type="checkbox"/> Transfer <input type="checkbox"/> Applied (first choice) | |
| | | _____ YYYY _____ MM _____ D | 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 self-employed and applying for admission to a childcare facility (continued) or for entrusted care of a childcare provider infant (continued), please attach a copy of your tax return or a notification of business opening to confirm the details of your tax return.



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Example of a completed certificate form (Ward website)

Childcare Section, 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)