

Example of entry (with separate filling-in instructions)

- ◆ If you are a corporation, please have your employer fill out the form. ◆ The "Parent/guardian entry section" must be filled out by the parent/guardian themselves.
- ◆ Entries made with an erasable ballpoint pen are invalid. ◆ Please print on both sides of the form.
- ◆ Self-employed persons are required to submit a separate "document proving self-employment". For details, please refer to the "Guide to Admission to Approved Childcare Facilities".

To the Mayor of Edogawa City

Date of certification AD 2023 Year 10 Month# Day

Office name **Edogawa-ku Ltd.**

Name of represe **Edogawa Taro**

Address **1-4-1 Chuo, Edogawa-ku, Tokyo**

Tel. **03 — xxxx — xxxx**

Name of person in charge **Chuo Ichiro**

Listed person's contact tel. **070 — xxxx — xxxx**

If you are self-employed and do not have a trade name, please enter "no trade name".

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 checked="" 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	<b>Edogawa Hanako</b>																																																						
	Full name of the individual	<b>Edogawa Hanako</b> Date of Birth <b>1982</b> YYYY <b>7</b> MM <b>3</b> D																																																						
3	(Planned) Duration of employment, etc.	<input checked="" type="checkbox"/> Indefinite <input type="checkbox"/> Definite term (If the term is indefinite, only the employment start date) <b>2016</b> YYYY <b>4</b> MM <b>1</b> D ~ YYYY MM																																																						
4	Place of employment	Name <b>Edogawa Funabori Ekimae Branch</b> Address <b>△-Chome, O-Ban, O-Go, Funabori, Edogawa-ku, Tokyo</b>																																																						
5	Form of employment	<input checked="" 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"/> 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"> <tr> <th>Mon</th><th>Tue</th><th>Wed</th><th>Thu</th><th>Fri</th><th>Sat</th><th>Sun</th><th>National holiday</th><th>Total hours</th> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Monthly 180 hours 0 minutes (includes minutes of break time 120)</td> </tr> <tr> <td colspan="2">Working days per month</td><td>Monthly 20</td><td>Day</td><td>Working days per week</td><td>Weekly</td><td>Day</td><td colspan="2"></td> </tr> <tr> <td colspan="2">Weekdays</td><td>8</td><td>: 30</td><td>~</td><td>17</td><td>: 30</td><td colspan="2">(includes minutes of break time 60)</td> </tr> <tr> <td colspan="2">Saturday</td><td>8</td><td>: 30</td><td>~</td><td>17</td><td>: 30</td><td colspan="2">(includes minutes of break time 60)</td> </tr> <tr> <td colspan="2">Sunday and national holiday</td><td colspan="2"></td><td>~</td><td colspan="2"></td><td colspan="2">(includes minutes of break time min)</td> </tr> </table>	Mon	Tue	Wed	Thu	Fri	Sat	Sun	National holiday	Total hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monthly 180 hours 0 minutes (includes minutes of break time 120)	Working days per month		Monthly 20	Day	Working days per week	Weekly	Day			Weekdays		8	: 30	~	17	: 30	(includes minutes of break time 60)		Saturday		8	: 30	~	17	: 30	(includes minutes of break time 60)		Sunday and national holiday				~			(includes minutes of break time min)	
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	Main working hours and shift hours	: ~ : (includes minutes of break time min)																																																						
7	Work record	<table border="1"> <tr> <th>Year/Month</th><th>2022</th><th>Year 3</th><th>Month</th><th>Year/Month</th><th>2022</th><th>Year 2</th><th>Month</th><th>Year/Month</th><th>2022</th><th>Year 1</th><th>Month</th> </tr> <tr> <td colspan="2">*Number of days includes paid vacations, and number of hours includes breaks and overtime</td> <td>21</td><td>Day/month</td><td>195</td><td>Hours/month</td> <td>10</td><td>Day/month</td><td>200</td><td>Hours/month</td> <td>20</td><td>Day/month</td><td>190</td><td>Hours/month</td> </tr> </table>	Year/Month	2022	Year 3	Month	Year/Month	2022	Year 2	Month	Year/Month	2022	Year 1	Month	*Number of days includes paid vacations, and number of hours includes breaks and overtime		21	Day/month	195	Hours/month	10	Day/month	200	Hours/month	20	Day/month	190	Hours/month																												
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8	Acquisition of leave pre-natal/post-natal maternity	<input type="checkbox"/> Scheduled <input type="checkbox"/> Now taking Period _____ YYYY _____ MM _____ D ~ _____ YYYY _____ MM																																																						
9	Acquisition of childcare leave	<input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Now taking <input type="checkbox"/> Acquired Period <b>2022</b> YYYY <b>8</b> MM <b>12</b> D ~ <b>2024</b> YYYY <b>6</b> MM <b>12</b> 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																																																						
11	Date of (planned) return to work	<input checked="" type="checkbox"/> Plans to return to work <input type="checkbox"/> Already returned to work <b>2024</b> YYYY <b>6</b> MM <b>13</b> D																																																						
12	Availability of short-time working system for childcare	<input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Now taking Period <b>2024</b> YYYY <b>6</b> MM <b>13</b> D ~ <b>2025</b> YYYY <b>3</b> MM <b>31</b> D																																																						
13	Work experience situation as a childcare worker	<input type="checkbox"/> Yes <input type="checkbox"/> Yes (planned) <input checked="" type="checkbox"/> None																																																						
14	Remarks column																																																							
<b>Additional fields of entry</b>																																																								
15	Employment situation	Job transfer away from home <input type="checkbox"/> Yes <input checked="" type="checkbox"/> None (Planned) Place of assignment																																																						
Please enter the "actual" hours actually worked/the "actual amount paid."																																																								
16	Recent work record	<table border="1"> <tr> <th>Year/Month</th><th>i 2022</th><th>YYYY</th><th>3</th><th>M</th><th>ii 2022</th><th>YYYY</th><th>2</th><th>M</th><th>iii 2022</th><th>YYYY</th><th>1</th><th>M</th><th>Fixed salary (Monthly amount)</th><th>250,000</th><th>Yen</th> </tr> <tr> <td colspan="2">Number of days worked (including paid holidays)</td> <td>21</td><td>D</td> <td>19</td><td>D</td> <td>20</td><td>D</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Salary payment record</td> <td>266,000</td><td>Yen</td> <td>273,000</td><td>Yen</td> <td>260,000</td><td>Yen</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>	Year/Month	i 2022	YYYY	3	M	ii 2022	YYYY	2	M	iii 2022	YYYY	1	M	Fixed salary (Monthly amount)	250,000	Yen	Number of days worked (including paid holidays)		21	D	19	D	20	D							Salary payment record		266,000	Yen	273,000	Yen	260,000	Yen																
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Monthly amount under the employment (not the amount of salary actually paid)																																																								

All persons are required to fill out the form. If self-employed, please indicate the date of business commencement. If you are planning to work (offer of employment), please indicate the date you plan to start working.

Enter the hours on your employment contract. If you are using the shortened working hours system for childcare, please enter the hours before the shortened hours. In the case of a flextime or discretionary work system, enter standard work hours. \*Please fill in the form with "24-hour notation".

If the number of days worked, hours worked, or days worked are irregular, please attach a shift table (for the last three months).

Please include the number of paid vacation days taken and holidays worked. If you are on maternity leave before or after childbirth or childcare leave, enter the last three months prior to your maternity leave. If you have just recently started work and you have less than three months of work experience, please enter as much as has been determined. Not required if you have an employment offer.

Please fill in if you are expecting to give birth or are on maternity leave.

If you are undecided about using the short-time work system, you may leave this blank.

For self-employed persons, please enter the amount excluding necessary expenses. If not yet determined, please enter an approximate amount.

Enter the amount of salary (before deduction of taxes, social insurance premiums, etc.) that does not fluctuate each month, excluding bonuses, lump-sum payments, commuting allowances, and overtime allowances. Qualification, position and regional allowances are included. \*If you work shorter hours, enter the amount

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

Entry column for parents/guardians	<b>Name of child</b>	<b>Date of Birth</b>	<input type="checkbox"/> In use <input type="checkbox"/> Transfer <input checked="" type="checkbox"/> Applied (first choice)	
	Edogawa Kisaku	2022 _YYYY_ 4 _MM_ 13 _D	<b>Facility name</b>	○ Nursery School
	<b>Name of child</b>	<b>Date of Birth</b>	<input type="checkbox"/> In use <input type="checkbox"/> Transfer <input type="checkbox"/> Applied (first choice)	
		____ _YYYY_ ____ _MM_ ____ _D	<b>Facility name</b>	

If you are applying for a childcare facility, please fill in the name of your first choice.

**[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)