To gardians

Please let us know if you change your job.

Notes: If there are any untrue statements on the certificate, your child's admission and daycare practice will be canceled.

| 児童名(Child's name) | 生年月日(Date of birth) | 園名(在園児) (Nursery name) |
|-------------------|------------------------|---------------------------|
| | | |
| | | |
| | | |

To whom it may concern

See the examples on the back and fill out this form with ball-point pen in all block letters. We will call or visit your office to confirm the certificate. Thank you for your cooperation.

Certificate of Employment I hereby certify that the employee (has been employed / will be employed) as mentioned below. (MM/ DD / YYYY) Office address Name of the person who wrote this form Office name **STAMP STAMP** Name of employer •The Certificate without date of issue and stamp or signature is invalid. Employee's Employee's address name Date of employment (month/ day / year) (Write the expired of contract.) Expiry date of contract Prospect of continuous employment (Yes / No)) A regular employee / A contract employee / A part-timer / Others(Type of employment There is family relationship between the employee and the employer. (Yes / No) Office name Office address Office phone number Description of job (Write in detail) Fixed shift Type of working time Rotating shift From am. / pm. To Total () hours Social insurance (Yes / No) am. / pm Working hours From am. / pm. am. / pm. To Total () hours Withholding slip (Yes / No) Total hours From) hours Pay statement (Yes / No) am. / pm. To am. / pm. Total (include breaks. Attendance book or time Rotating shift: Total working hours per week (including breaks) hours (Yes / No) (basic) days/per month or days/per week The number of Thu. Fri. Sat. Sun) working days Circle the working days (Mon. Tue. Wed. How to commute to work by car / bus / walk / Other(Commuting distance (Oneway) Km Salary Basic pay of monthly (yen) Daily wage(hourly wage(ven) ven) ·Write the number of Days worked Days worked days days working days in last six (YYYY / MM) (YYYY/ MM) Total pay Total pay months. yen •If the employee is on the Days worked days Days worked days maternity leave, write the (YYYY / MM) (YYYY/ MM) Total pay Total pay situation before that. ven ven ·Total pay includes taxes and Days worked days Days worked days other reductions except the (YYYY / MM) (YYYY/ MM) transport allowance. Total pay Total pay yen (MM/ DD / YYYY) To From Period of maternity leave From (MM/DD/YYYY) To Period of child-care leave

⟨For official use only⟩

Date of returning to work

| 調査年月日 | 調査員 | 相手先担当者 | 調査確認内容 |
|-------|-----|--------|--------|
| н | | | |
| н | | | |

(MM/DD/YYYY)



To whom it may concern

We use this application only for entering nursery.

We will call or visit your office to confirm this certificate.

Thank you for your cooperation.

[Notes]



- •This certificate must be written by the employer.
- •To make corrections, write double line there and put your stamp.
- •When the date of issue on the certificate is before the hiring date, it will be invalid. (Excepting prospective emplyees)
- · If there are any untrue statements on the certificate,
- •the employee's child's admission and daycare practice will be canceled.
- •Please make sure to write the number of days the employee worked in last six months.

Please see the notes below and fill out all blanks.

If you have any questions, please contact us.



≪Contact information≫

Ginowan city nursery school section Tel 098-893-4411 Extension 176 • 178

(Working hours) Write a base basic working hours on contract, (including breaks and excepting over time.)

[Rotating shift] 1) Write total working hours per week including breaks.

2Write usual working time and total working hours per week.

If the employee has more than four shift patterns, please attach the shift

(The number of working days

Write basic number of working days per month on the contract.

If the employee works in some rotating shifts, write avarage days per week or month.

The certifcicate without date of issue, date of employment, expiry date of contract and stamp or signature is invalid.

[Office address]

If the employee is hired by staffing company for other company and location,

1) Write staffing company name and address above.

2Write the company name, addres and phone number that employee actualy works.

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|---|----------|-------------------|-------------|------------------|---------------------|--------------|---------------------|----------------------------------|-----------------------------------|--------|--------------------|--|
| Ce | •n / | cate o | f Er | nployn | nent | | | | | | 1 // | |
| I hereby ce | ertif / | nat the empl | oyee (| has been e | mployed / will | be employ | ed) as ment | ioned below. | | | 1/1/ | |
| / / (MM/ DD / YYYY) Office | | | | | | | address | | | | $V \sqcup I$ | |
| Name of the person who wrote this form Office name | | | | | | | | 7 17 | | | | |
| | | | | STA | MP | Name of | employer | | | | STAM | |
| •The Certi | ficate v | vithout date | of issu | ue and stan | np or signature | is invalid. | | | | | $\neg \neg \vdash$ | |
| Employee's name Employee's address | | | | | | | | $\Box \Box$ | | | | |
| Date of e | mployn | nent | / | / | (month/ da | y / year) | | | | | $\neg \sqcap$ | |
| piry date | e of cor | ntract Pros | / nect o | / f continuou | (Write the | | | | | | | |
| Type | | A regular e | mploy | ee / A con | tract employee | A part | timer / Other | |) No) | | \dashv | |
| e nam | | | | | | | Office address | | | | | |
| | | | | | | | Office phone number | | | | | |
| scription of job | | | | | | | | | | 7 / | | |
| \rightarrow $^{\prime}$ | ite in d | | | | | | | | | | / / | |
| ۱ ∕— | \vdash | ng time | _ | | , | | d shift / | Rotating | | / | | |
| Working | From | am. / p | | am. / pm | | | | | Social insurance Withholding slip | -// | (Yes / No) | |
| • Total hours | From | | | | | · · · | | | | | (Yes / No | |
| include breaks. From am. / pm. To am. / Rotating shift: Total working hours per wee | | | | | | | hours | Pay statement Attendance book | //- | (Yes / | | |
| The numb | _ | (basic) | | days/per r | | days/ | per week | nour s | card | / | 7 / | |
| working days Circle the working days (Mon. Tue. Wed. Thu. Fri. Sat. Sun) | | | | | | | | | | | | |
| | commut | e to work | | | s / walk / Othe | | | nuting distance | (Ønewa | | / / | |
| Salary | <u> </u> | Basic pay | or mor | itnly (| yen) Days worked | / Daily | wage(| yen) | / hourly wa | // | /yen) | |
| ·Write the number days in last six | | | (YY | / YY / MM) | Total pay | | days | (YYY/1 | | _/ | days | |
| If the employee is on the maternity leave, write the situation before that. | | | | Days worked | | davs | | Days wor | | dayı | | |
| | | write the | (YYYY / MM) | | Total pay | | yen | (YYYY/ I | | | yen | |
| •Total pay includes taxes and | | | Days worked | | days | , | Days wor | | day | | | |
| | ort allo | except the wance. | (YY | YY / MM) | Total pay | pay yen (YYY | | (YYYY/ I | (YYYY/ MM) Total pay | | yen | |
| Period | d of ma | ternity leave | e | From | / / | (MM | / DD / YYYY | () To | / / | | | |
| Period of child-care leave From / / (MM/ DD / YYYY) To / / | | | | | | \ | | | | | | |

(Salary)

Please write basic pay per month, daily wage or weekly wage.

(Number of working days in last six month]

1 Days worked

→Including paid holidays

2Total pay

→Excepting any bonus.

3If the employee works less than six month, fill out the blanks as much as possible.

(Maternity leave and Child-care leave] If the employee is in the maternity leave or childcare leave, please make sure to fill out these blanks and date of returning to work.

≪For official use only≫

Period of child-care leave

| | Who official use only // | | | | | | |
|---|--------------------------|-----|--------|--------|--|--|--|
| 割 | 胃査年月日 | 調査員 | 相手先担当者 | 調査確認内容 | | | |
| Н | | | | | | | |
| Н | | | | | | | |