

(令和7年度 保育所入所申込・無償化申請用)

<Blanks for guardians>

To guardians

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) | 保育施設名 (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 | Name of employer | STAMP |

•The Certificate without date of issue and stamp or signature is invalid.

| | | |
|---|---|-----------------------------------|
| Employee's name | Employee's address | |
| Date of employment | / / (month/ day / year) | |
| Expiry date of contract | / / (Write the expired of contract.) Prospect of continuous employment (Yes / No) | |
| Type of employment | A regular employee / A contract employee / A part-timer / Others() 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) | | |
| Type of working time | Fixed shift / Rotating shift | |
| Working hours •Total hours include breaks. | From am. / pm. To am. / pm. Total () hours | Social insurance (Yes / No) |
| | From am. / pm. To am. / pm. Total () hours | Withholding slip (Yes / No) |
| | From am. / pm. To am. / pm. Total () hours | Pay statement (Yes / No) |
| | Rotating shift: Total working hours per week (including breaks) | hours |
| The number of working days | (basic) days/per month or days/per week •Circle the working days (Mon. Tue. Wed. Thu. Fri. Sat. Sun) | |
| How to commute to work | by car / bus / walk / Other() | Commuting distance (Oneway) km |
| Salary | Basic pay of monthly (yen) / Daily wage(yen) / hourly wage(yen) | |
| •Write the number of working days in last six months. •If the employee is on the maternity leave, write the situation before that. •Total pay includes taxes and other reductions except the transport allowance. | (YYYY / MM) | Days worked days Total pay yen |
| | (YYYY / MM) | Days worked days Total pay yen |
| | (YYYY / MM) | Days worked days Total pay yen |
| | (YYYY / MM) | Days worked days Total pay yen |
| | (YYYY / MM) | Days worked days Total pay yen |
| | (YYYY / MM) | Days worked days Total pay yen |
| Period of maternity leave | From / / (MM/ DD / YYYY) To / / | |
| Period of child-care leave | From / / (MM/ DD / YYYY) To / / | |
| Date of returning to work | / / (MM/ DD / YYYY) | |

<For official use only>

| 調査日 | 調査員 | 担当者(相手) | 調査・確認内容 |
|-----|-----|---------|---------|
| | | | |



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 employees)
- 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 3312・3313

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

【Rotating shift】
①Write 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 schedule.

【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 average days per week or month.

The certificate 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,
①Write staffing company name and address above.
②Write the company name, address and phone number that employee actually works.

【Salary】

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

【Number of working days in last six month】

①Days 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 child-care leave, please make sure to fill out these blanks and date of returning to work.

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