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.

⟨Blanks for gardians⟩

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.

-																
			_	oymen												
I hereby ce	ertify t	hat the er	nploye	e (has bee	en emplo	yed / w	vill be er	mployed)	as (mentioned	belov	W.				
/		/		(MM/ DD	/ YYYY	·)	Office	address								
Name of th	ne pers	son who w	rote th	is form			Office	e name								
				STA	MP	1	Name of	employe	r						ST	AMP
•The Certi	ficate	without d	ate of i	ssue and s	stamp or	· signatı	ure is in	valid.	_							
Employe name						oloyee's dress										
Date of er	mployr	nent		/	/			(month/	day	/ year)						
Expiry conf	date d tract		spect	/ of continuo	/ ous emp	loyment			e ex	pired of co	ntrac	t.)				
Type o				loyee / relationshi _l						timer / nployer. (Othe Yes)
Office nar	ne							Office a	ddr	ess:						
								Office p	hon	ne number:						
Descr	ription	of job						*								
(Writ	e in d	etail)														
Туре о	f worki	ng time					Fixed	shift	/	Rotati	ng sh	ift				
Working	From	a	m. / pm.	То	ar	am. / pm. Total () hours			insurance	(Yes	/ 1	No)
hours ∙Total	From	a	m. / pm.	То	am. / pm. Total (()) hours			olding slip	(Yes	/	No)
hours include	From	a	m. / pm.	pm. To ar			am. / pm. Total () hor			Pay statement				Yes	/ 1	No)
breaks.	Rotatin	g shift: Total	working h	ours per week	(including	breaks)				hours		dance book e card	(Yes	/ 1	No)
The number		(basic) •Circle	he wo	da rking days	ays/per (Mon		or e. We	ed. Thu	J.	days/po Fri. Sa		ek Sun)				
How to c	ommut	e to work	by c	ar / bus	/ walk	/ Oth	ner() Co	ommı	uting distance	((Oneway)				km
Salary	Ва	sic pay of	month	ıly (yen) /	/ Daily	wage(yen) /	hourly wage	(yen)
•Write the			/		Days worked			days		/		Days worked				days
working days in last six months.			(YY	YY / MM)	Total	Total pay		ye	n	(YYYY/ N	MM)	Total pay				yen
•If the employee is on the maternity leave, write the situation before that.				/	Days wo	orked		da	ys	/		Days worked				days
			(YY	YY / MM)	Total	otal pay			yen (YYY		(YYYY/ MM) —					yen
•Total pay includes taxes and other reductions except the transport allowance.			d	/	Days worked		da	days			Days worked				days	
			(YYYY / MM)		Total	Total pay		yen		(YYYY/ N	MM) Total pay					yen
Period of maternity leav			ve	From	/		/	(MN	M/ [DD / YYYY) To	/		/		
Period	d-care lea	ave	From	/		/	(MN	M/ [DD / YYYY) To	/		/			
Date o	f retur	ning to wo	ork		/		/		(1	MM/ DD /	YYYY	′)				
<for officia<="" td=""><td>al use</td><td>only></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></for>	al use	only>														

調	査	日	査	員	担当者(相手)	調	査	確	認	内	容	

Blanks for office



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 3312 • 3313



[Working hours] Write a base basic working hours on the contract, (including

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 avarage 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 actualy works.

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Се	d	cat	e o	f Er	nployr	nent								_1/	/ —	
ereby ce	rtif	at the	emple	yee (has been e	employed / w	ill be em	ploye	d) as	ment	ioned below.			7/		
/ ,	/	(M	M/ DE) / YY	YY)		Of	fice a	ıddres	s				V		
ne of th	e pers	on who	wrote	this	form		O	ffice	name							
					STA	MP	Nam	e of	emplo	yer				STA	MP	
e Certif	icate v	vithout	date	of issi	ue and star	np or signatu	e is inva	alid.							1	
oloyee's	name					Employe									T	
ite of e	mployr	nent		/	/	(month/	day / ye	ear)								
				/	/	(Write th			contra	ict.)						
date	of co	itract	Pros	ect o	f continuou	s employmer	t (Yes /	/ No :)							
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	\								Office phone number				Τ,			
Des	pn	of job													Т	
(Wri	te	etail)														
Туре о	f wor	g tim	•					Fixed	shift	/	Rotating	shift,				
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ours Fotal	From		am. / pr	n. To	am. / pn	n. Total ()	tal () hours					Withholding slip				
ours olude	From	rom am. / pm. To am. / pm. Total () hour										Pay st	ay statement (Yes / No			
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ow to c					y car / bu	_	her() (nuting distance		(Oneway)	Kr	//	
alary		Basic	c pay	of mor	nthly (yer	n) / [Daily 1	wage(yen)	/	hourly wage(
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lays in				(YYYY / MM)		Total pay	Total pay		yen		(YYYY/ I	MM) Total pay			yer	
·If the employee is on the				Days worked				days	/		Days worked					
	leave, on befo		s taxes and		YY / MM)	Total pay				yen	(YYYY/ I	MM)	Total pay		yer	
					Days worked					/		Days worked		day		
ner redu transp	ctions ort allo			(YYYY / MM)		Total pay			yen		(YYYY/ I	MM)	Total pay	ye		
Period	l of ma	ternity	/ leave)	From	/ /		(MM/	DD /	YYYY	′) To	/	/			
Period	of chi	ld-car	e leave	9	From	/ /		(MM/	DD /	YYYY	′) To	/	/			
Date	of retu	rning t	o work	(1	/ /		(MM/	DD /	YYYY	′)					

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