

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

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	Attendance book or time card (Yes / No)	
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	
	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>

調査年月日	調査員	相手先担当者	調査確認内容
H . .			
H . .			

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 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 176・178



【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 () has been employed / will be employed as mentioned below.	
(YYYY / MM / DD)	Issued date	(MM / DD / YYYY)	Office address
(MM / DD / YYYY)	Start date	(MM / DD / YYYY)	Office name
(MM / DD / YYYY)	Expiry date	(MM / DD / YYYY)	Name of employer
Name of the person who wrote this form		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.)		
Type of employment	Prospect of continuous employment (Yes / No)		
Office name	Office address		
Office phone number	Office phone number		
Description of job (write in detail)	Description of job (write in detail)		
Working hours	Fixed shift / Rotating shift		
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	Attendance book of card (Yes / No)		
The number of working days (basic) days/per month or days/per week	Commuting distance () (newway)		
*Circle the working days (Mon. Tue. Wed. Thu. Fri. Sat. Sun)	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)			

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調査年月日	調査員	相手先担当者	調査確認内容
H . .			
H . .			