## (令和7年度 保育所入所申込·無償化申請用)

## 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)	<b>生年月日</b> (Date of birth)	保育施設名 (Nursery name)					

<Blanks for gardians>

## 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.
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/		/		(MM/ DD	/ YYY	Y)	Office	addres	SS								
Name of the person who wrote this form					Office name												
STAMP					Name of employer								ST.	AM	Р		
•The Certi	ficate	without da	te of i	ssue and s	tamp o	r signatu	ure is ir	nvalid.									
						ployee's ddress											
Date of en	Date of employment / /						(mont	h∕ <mark>da</mark> ⊻	y / year )								
Expiry date of / / contract Prospect of continuous emp					oloyment				xpired of co	ntract.)							
Type of employment         A regular employee         /         A contraction										Others( Yes /	No )				)		
Office nam	ne							Offic	e addi	ress:							
							Offic	e pho	ne number:								
Description of job (Write in detail)																	
Type of	f workir	ng time					Fixed	shift	/	⁄ Rotat	ing shift						
Working	From	om am. / pm. To			а	m. / pm.	Tota	Ι (	) ho	ours	Social ins	surance	(	Yes	/ 1	No	)
hours •Total	From	an	а	m. / pm.	Tota	I (	Withholdi	ng slip	(	Yes	/ 1	No	)				
hours include	From	n am. / pm. To					m. / pm. Total ( ) hours					ement	(	Yes	/ 1	No	)
breaks.	Rotating	g shift: Total w	(including	g breaks)				hours	Attendan or time c		(	Yes	/ 1	No	)		
The numbe working da	(basic) •Circle t	ne woi	da ⁺king days	ys∕per ( Mor		or e. W	ed.	Thu.	days∕p Fri. Sa	er week nt. Su	n )						
How to commute to work by car / bus / walk			k / Oth	ner(	)	Comm	nuting distance	(Or	ieway)				km				
Salary Basic pay of monthly (					yen) /	/ Dail	y wage		yen	) / h	ourly wage	e(			yer	1)	
•Write the numb				/ Days		worked			days	/	Da	ays worked				d	days
working da <u>y</u> months.	/s in ia	ast six	(YY	YY / MM)	Y / MM) Total		рау		yen	(YYYY/ N	(YYYY/ MM) Tot					У	/en
•If the employee i				/	Days w	Days worked			days	/	Da	ays worked				d	days
maternity leasituation bef			(YY	(YY / MM) Tota		l pay			yen	(YYYY/ N	/M) T	otal pay				У	/en
•Total pay i				/	Days w	orked			days	/	Da	ays worked				d	days
other reductions e transport allowanc				YY / MM)	Total	otal pay			yen	(YYYY/ N	otal pay				У	/en	
Period of maternity leave From /			/		/	(MM/ DD / YYYY ) To /						/					
Period of child-care leave From /					/	(		DD / YYYY		/		/					
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

 ....
 ....

 ....
 ....

【市記入欄】

