Employment Certificate

To the Mayor of Ginowan City

Date of certification	YY MM DD
Company Name	
Representative Name	
Company Address	
Company Phone Number	— —
Name of the person in charge	
Phone Number of the person above	— —

I hereby certify that the following information is correct.

※Unauthorized preparation or alteration of this certificate may be subject to criminal penalties under the Penal Code.

※Please don't use correction tape; just cross out the mistake with a double line and write the correction.

No.	Item	Column
1	Type of industry	☐ Agriculture・Forestry ☐ Fishery ☐ Mining ☐ Construction ☐ Manufacturing ☐ Electricity, Gas, Heat supply and Water ☐ Information and communications ☐ Transportation ☐ Wholesale & Retail ☐ Finance/Insurance ☐ Real Estate / Leasing ☐ Professional, Scientific & Technical ☐ Accommodation, Food & Beverage ☐ Lifestyle & Entertainment ☐ Healthcare & Welfare ☐ Education & Learning Support ☐ Miscellaneous Services ☐ Public Administration ☐ Other( )
2	Furigana(Katakana)	Date of Birth YY MM DD
	Full Name	
3	Employment period	☐ indefinite ☐ Fixed-term Period of Employment (Indefinite: Start date only) YY MM DD ～ YY MM DD
4	Place of Employment	Establishment Name Establishment Address
5	Type of employment	☐ Permanent ☐ Part-time ☐ Agency Worker ☐ Contract ☐ Public Sector Contract Employee ☐ Corporate Officer ☐ Self-employed ☐ Family employee/Worker ☐ Home-based Worker ☐ Independent Contractor ☐ Other( )
6	Working Hours (For fixed hours:)	Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun ☐ Holiday ☐ — Total hours — monthly — hours — min (break time — min) Working days per month — days — Working days per week — days Weekday : ～ : (break time — min. Saturday : ～ : (break time — min. Sunday and holiday : ～ : (break time — min.
	Working Hours (For irregular hours:)	Total hours ☐ Month ☐ Week — Hours — Min (break time — min. Number of working days ☐ Month ☐ Week — Days Main working hours : ～ : (break time — min.)
7	Recent Employment Record ※Working days include paid leave; working hours include break and overtime.	Year Month YY MM — Days／Month — Hours／Month Year Month YY MM — Days／Month — Hours／Month Year Month YY MM — Days／Month — Hours／Month
8	Period of maternity leave (incl. scheduled leave)	☐ Plan to take ☐ On leave Period YY MM DD ～ YY MM DD
9	Period of childcare leave (incl. scheduled leave)	☐ Plan to take ☐ On leave ☐ Already taken Period YY MM DD ～ YY MM DD
10	Period of other leaves (excl. Maternity/Childcare Leave):	☐ Plan to take ☐ On leave ☐ Already taken Reason ☐ Nursing care leave ☐ Sick leave ☐ Other( ) Period YY MM DD ～ YY MM DD
11	Date of return to work (incl. planned/scheduled date)	☐ Plan to return ☐ Already returned — YY MM DD
12	Reduced working hours for childcare (incl. planned)	☐ Plan to take ☐ Currently taking Period YY MM DD ～ YY MM DD Main working hours : ～ : break time MM)
13	Working as a nursery teacher (or equivalent role)	☐ Yes ☐ Yes(planned) ☐ No
14	Renewal after contract expiration	☐ Yes ☐ Yes(planned) ☐ No ☐ Not fixed
15	Availability to shorten childcare leave upon provisional acceptance	☐ Yes ☐ Yes(planned) ☐ No
16	Availability of childcare leave extension	☐ Yes ☐ Yes(planned) ☐ No
17	Period of assignment away from family (incl. planned)	YY MM DD ～ YY MM DD
18	Remarks	
19	Parent or Guardian's Writing Section	Child's name — Date of birth YY MM DD — Nursery school's name — ☐ Currently using ☐ Currently applying Child's name — Date of birth YY MM DD — Nursery school's name — ☐ Currently using ☐ Currently applying Child's name — Date of birth YY MM DD — Nursery school's name — ☐ Currently using ☐ Currently applying Child's name — Date of birth YY MM DD — Nursery school's name — ☐ Currently using ☐ Currently applying Child's name — Date of birth YY MM DD — Nursery school's name — ☐ Currently using ☐ Currently applying

☎ 893-4156 (Childcare Eligibility Division) / ☎ 893-4649 (Education Eligibility Division)

Employment Certificate

Sample Entry

【Instructions for Preparing the Certificate of Employment】

■ **For Employees**

Please request the person in charge at your workplace to complete this form. (Self-completion by the parent/guardian is not permitted.)

■ **For Self-Employed Individuals**

Please note that the designated person (author) responsible for completing this form varies depending on your employment status, as follows:

1.Self-Employed (Principal Owner) → The individual themselves
2.Full-time Employee/Assistant (for self-employed) → The principal owner
3.Family Employee / Collaborator → The principal owner
4.Corporate Officer → The individual themselves or another employee
5.Contractor / Homeworker → The individual themselves

Date of certification		YY		MM		DD
Company Name						
Representative Name						
Company Address						
Company Phone Number		—		—		
Name of the person in charge						
Phone Number of the person above		—		—		

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【Regarding Employment or Work Period】
For permanent or indefinite employment contracts, please leave the "End Date" field blank.

【Instructions for Dispatch Employees (Temporary Agency Workers)】
For those employed as dispatch workers, please complete the sections as follows:
1. Regarding the Employer's Information: In the "Employer" section (including Business Name, Representative Name, Address, Phone Number, Person in Charge, and Contact Person), please provide the information of your staffing agency (dispatching company).
2. Regarding the Actual Workplace: In the "Actual Workplace" section below, please provide the information of the client company (where you are currently assigned to work).

【Regarding Monthly Work Days and Hours】
Please provide the monthly work hours as accurately as possible.
1.For Employees: Please provide the **monthly work hours stipulated in your employment contract**.
2.For Self-Employed Individuals: Please provide your **actual monthly work hours**.

【Regarding Work Record for the Past 3 Months】
Please include paid leave days in the total number of days worked.
Note: If you have just started your employment, please fill in the information to the best of your ability.

【Regarding Childcare or Other Leave (Taking or Planned)】
For items No. 8 to 12, please ensure you complete all relevant fields if you have taken (recently), are currently taking, or plan to take such leave. Please also ensure that the "Date of Return (or Scheduled Date)" for No. 11 is included to avoid any omissions.

【For those engaged in childcare duties at a nursery, kindergarten, etc.】
Please submit a copy of documentation verifying your qualifications, such as one of the following:
1.Nursery Teacher (Hoikushi)
2.Kindergarten Teacher
3.Childcare Support Worker (Kosodate Shien-in)
4.Region-specific Nursery Teacher
5.Nurse (Registered/Licensed Practical)
6.Public Health Nurse
7.Elementary School Teacher
8.School Nurse (Yogo Kyoyu)

【Important Note Regarding Return to Work】
Please be aware that if your child is admitted to an authorized childcare facility during your childcare leave, you are required to return to work within one month from the date of admission.

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No.		
1	Type of Industry	☐ Professional ☐ Technical ☐ Education & Learning ☐ Misc
2	Furigana(Katakana) / Full Name	Date of Birth YY MM DD
3	Employment period	☐ indefinite ☐ Fixed-term Period of Employment (Indefinite: Start date only) YY
4	Place of Employment	Establishment Name / Establishment Address
5	Type of employment	☐ Permanent ☐ Part-time ☐ Agency Worker ☐ Contract ☐ Self-employed ☐ Family employee/Worker ☐ Home-based Worker
6	Working Hours (For fixed hours:)	Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun ☐ Holiday ☐ Total hours monthly h min (break time min) / Working days per month days / Working days per week days / Weekday : ~ : (break time min.)
	Working H (For irregular hours:)	Hours Min (break time min.) / Days / Main wo hours : ~ : (break time min.)
7	Recent Employment Record ※Working days include paid leave; working hours include break and overtime.	Year Month YY MM Days/Month Hours/Month (×3)
8	Period of maternity leave (incl. scheduled leave)	☐ Plan to take ☐ On leave / Period YY MM DD ~
9	Period of childcare leave (incl. scheduled leave)	☐ Plan to take ☐ On leave ☐ Already taken / Period YY MM DD ~ YY MM
10	Period of other leaves (excl. Maternity/Childcare Leave):	☐ Plan to take ☐ On leave ☐ Already taken Reason ☐ Nursing care / Period YY MM DD ~ YY MM
11	Date of return to work (incl. planned/scheduled date)	☐ Plan to return ☐ Already returned YY MM DD
12	Reduced working hours for childcare (incl. planned)	☐ Plan to take ☐ Currently taking Period YY MM DD ~ YY MM DD / Main working hours : ~ : break time MM)
13	Working as a nursery teacher (or equivalent role)	☐ Yes ☐ Yes(planned) ☐ No
14	Renewal after contract expiration	☐ Yes ☐ Yes(planned) ☐ No ☐ Not fixed
15	Availability to shorten childcare leave upon provisional acceptance	☐ Yes ☐ Yes(planned) ☐ No
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17	Period of assignment away from family (incl. planned)	MM DD ~
18	Remarks	
19	Parent or Guardian's Writing Section	Child's name / Date of birth / Nursery school's name / ☐ Currently using ☐ Currently applying (×3)

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