

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 / Homemaker** → The individual themselves

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

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	—	—	

No.	1	[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).										
		Type of industry	<input type="checkbox"/> Professional/Technical <input type="checkbox"/> Education & Learning <input type="checkbox"/> Misc.											
2	Furigana(Katakana)		Full Name		Date of Birth					YY	MM	DD		
3	Employment period	<input type="checkbox"/> indefinite <input type="checkbox"/> Fixed-term	Period of Employment (Indefinite: Start date only)		YY									
4	Place of Employment	Establishment Name		Establishment Address										
5		Type of employment	<input type="checkbox"/> Permanent <input type="checkbox"/> Part-time <input type="checkbox"/> Agency Worker <input type="checkbox"/> Contract <input type="checkbox"/> Self-employed <input type="checkbox"/> Family employee/Worker <input type="checkbox"/> 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)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	Working days per month		days		Working days per week		days							
	Weekday		~				: (break time min.)							
7	Recent Employment Record ※Working days include paid leave; working hours include break and overtime.	Year Month	YY	MM	Year Month	YY	MM	Year Month	YY	MM	Days/Month	Hours/Month		
		Days/Month	Hours/Month	Days/Month	Hours/Month	Days/Month	Hours/Month	Days/Month	Hours/Month					
8	Period of maternity leave (incl. scheduled leave)	<input type="checkbox"/> Plan to take <input type="checkbox"/> On leave		Period	YY	MM	DD	~						
9	Period of childcare leave (incl. scheduled leave)	<input type="checkbox"/> Plan to take <input type="checkbox"/> On leave <input type="checkbox"/> Already taken		Period	YY	MM	DD	~	YY	MM				
10	Period of other leaves (excl. Maternity/Childcare Leave):	<input type="checkbox"/> Plan to take <input type="checkbox"/> On leave <input type="checkbox"/> Already taken		Reason	<input type="checkbox"/> Nursing car		Period	YY	MM	DD	~	YY	MM	
11	Date of return to work (incl. planned/scheduled date)	<input type="checkbox"/> Plan to return <input type="checkbox"/> Already returned		YY	MM	DD								
12	Reduced working hours for childcare (incl. planned)	<input type="checkbox"/> Plan to take <input type="checkbox"/> Currently taking		Period	YY	MM	DD	~	YY	MM	DD			
13	Working as a nursery teacher (or equivalent role)	<input type="checkbox"/> Yes <input type="checkbox"/> Yes(planned) <input type="checkbox"/> No												
14	Renewal after contract expiration	<input type="checkbox"/> Yes <input type="checkbox"/> Yes(planned) <input type="checkbox"/> No <input type="checkbox"/> Not fixed												
15	Availability to shorten childcare leave upon provisional acceptance	<input type="checkbox"/> Yes <input type="checkbox"/> Yes(planned) <input type="checkbox"/> No												
16	Availability of childcare leave extension	<input type="checkbox"/> Yes <input type="checkbox"/> Yes(planned) <input type="checkbox"/> No												
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		DD				<input type="checkbox"/> Currently using <input type="checkbox"/> Currently applying				
		Nursery school's name				<input type="checkbox"/> Currently using <input type="checkbox"/> Currently applying								
		Child's name		Date of birth		YY		MM		DD		<input type="checkbox"/> Currently using <input type="checkbox"/> Currently applying		
		Nursery school's name				<input type="checkbox"/> Currently using <input type="checkbox"/> Currently applying								