Employment Certificate

To Mayor of Suginami City

Date of certification	YY MM DD
Name of company	
Name of Representative	
Address of company	
Tel.No of company	— —
Name of contact person	
Tel.No of contact person	— —

I hereby certify that the following information is correct.

※Writing or amending the certificate without consent of the employer may constitute criminal offence.

No.	Item	Column
1	Type of industry	☐ Agriculture・Forestry ☐ Fishery ☐ Mining ☐ Construction ☐ Manufacturing ☐ Electricity, Gas, Heat and Water supply ☐ Information and communication: ☐ Transportation and post ☐ Wholesale and Retail service ☐ Finance・Insurance ☐ Real estate-rental services ☐ Academic research ☐ Accommodation and food services ☐ Life and entertainment services ☐ Medical and Welfare ☐ Education, learning support ☐ Compound services ☐ Public service ☐ Other ( )
2	Furigana (Katakana)	
	Name of applicant (employee)	Date of Birth YY MM DD
3	Employment period	☐ indefinite ☐ Fixed term Period (starting date in case of indefinite case) YY MM DD ～ YY MM DD
4	Main workplace of applicant (employee)	Name of workplace
		Address of workplace
5	Type of employment	☐ Full-time ☐ Part-time ☐ Temporary staff ☐ Contract ☐ Part-timer at public office ☐ Officer ☐ Self-employed ☐ Family employee ☐ Side job ☐ Outsourcing ☐ Other ( )
6	Work hour (Fixed work-hour case)	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)
	Work hour (Irregular work-hour case)	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 ※include paid leave days, break & over time	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 ※Including scheduled leave	☐ Planned ☐ On leave Period YY MM DD ～ YY MM DD
9	Period of childcare leave ※Including scheduled leave	☐ Planned ☐ On leave ☐ Already taken Period YY MM DD ～ YY MM DD
10	Period of Leave other than Maternity /Childcare Leave	☐ Planned ☐ On leave ☐ Already taken Reason ☐ Nursing care ☐ Sick leave ☐ Other( ) Period YY MM DD ～ YY MM DD
11	Expected date of return-to-work	☐ Planned ☐ Already returned YY MM DD
12	Change of work condition under short-hour-work system for childcare ※Including scheduled case	☐ Planned ☐ Currently taking Period YY MM DD ～ YY MM DD Main working hours : ～ : (break time min)
13	Working as a nursery teacher	☐ Yes ☐ Yes(planned) ☐ No
14	Renewal after contract expiry	☐ Yes ☐ Yes(planned) ☐ No ☐ Not fixed
15	Availability of shortened childcare leave after nursery approval	☐ Yes ☐ Yes(planned) ☐ No
16	Availability of childcare leave extension	☐ Yes ☐ Yes(planned) ☐ No
17	Solo assignment (including scheduled case)	YY MM DD ～ YY MM DD
18	Remarks	
19	To be filled in by guardian	Child's name / Date of birth YY MM DD / Nursery school's name / ☐ Currently attending ☐ Currently applying
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