

Employment Certificate

Address of employee															
Name of employee	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Others ()														
Type of employment	<input type="checkbox"/> Regular <input type="checkbox"/> Temporary (part-time) <input type="checkbox"/> Home Business (owner) <input type="checkbox"/> Home Business (employee) <input type="checkbox"/> Personal Business (owner) <input type="checkbox"/> Personal Business (employee) <input type="checkbox"/> Side Business <input type="checkbox"/> Others														
Work Status	<input type="checkbox"/> Currently working <input type="checkbox"/> Received unofficial offer for employment														
Date of Employment	/ / (month/day/year)		※tentative start date if it hasn't started yet												
Working Days	<input type="checkbox"/> per week	days	Holidays: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun												
	<input type="checkbox"/> per month		Notices:												
Working hours	AM : ~ AM : PM : ~ PM :	Break time (hour minutes)	AM : ~ AM : PM : ~ PM :												
(Notices)	※In case of flextime, please add the recent work schedule.														
Address of working place	※Fill in the address below if the working location is different from the following address "Employer Address".														
Name of working place															
Maternity Leave	<input type="checkbox"/> Maternity	From / / To / /	(month / day / year) (month / day / year)												
Childcare Leave	<input type="checkbox"/> Childcare	(month / day / year) (month / day / year)													
※Shortening of Childcare Leave	Date / / (month / day / year)	←The earliest date that the employee can return to work if application is approved.													
<p>I have made a truthful certification.</p> <p style="text-align: right; margin-right: 200px;">Date (month / day / year)</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">Employer</td> <td style="border: none; padding: 5px;">Address</td> <td style="border: none; width: 150px;"></td> </tr> <tr> <td style="border: none; padding: 5px;"></td> <td style="border: none; padding: 5px;">Company name</td> <td style="border: none; text-align: center; padding: 5px;"> <div style="border: 1px dashed black; border-radius: 50%; padding: 2px;">Seal/Signature</div> </td> </tr> <tr> <td style="border: none; padding: 5px;"></td> <td style="border: none; padding: 5px;">Phone number</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none; padding: 5px;"></td> <td style="border: none; padding: 5px;">Person in HR Dept.</td> <td style="border: none; text-align: center; padding: 5px;"> <div style="border: 1px dashed black; border-radius: 50%; padding: 2px;">Seal/Signature</div> </td> </tr> </table>				Employer	Address			Company name	<div style="border: 1px dashed black; border-radius: 50%; padding: 2px;">Seal/Signature</div>		Phone number			Person in HR Dept.	<div style="border: 1px dashed black; border-radius: 50%; padding: 2px;">Seal/Signature</div>
Employer	Address														
	Company name	<div style="border: 1px dashed black; border-radius: 50%; padding: 2px;">Seal/Signature</div>													
	Phone number														
	Person in HR Dept.	<div style="border: 1px dashed black; border-radius: 50%; padding: 2px;">Seal/Signature</div>													

Following fields must be filled out by the employee.

1	Name of child	Birth date (month / day / year)	
	Facilities in use	<input type="checkbox"/> In enrolled <input type="checkbox"/> Application in progress <input type="checkbox"/> exchange in progress	
2	Name of child	Birth date (month / day / year)	
	Facilities in use	<input type="checkbox"/> In enrolled <input type="checkbox"/> Application in progress <input type="checkbox"/> exchange in progress	
3	Name of child	Birth date (month / day / year)	
	Facilities in use	<input type="checkbox"/> In enrolled <input type="checkbox"/> Application in progress <input type="checkbox"/> exchange in progress	
Commuting time (One way)		hours minutes	※average time by using transportation

Inquiry this form :Child upbringing Dept. Fussa city office (Phone:042-551-1780)