

Certificate of Employment (Shuurou Shoumei-sho)
就労証明書

The Mayor of Toyohashi

Certification Date: Year Month Day
 Employer Name:
 Representative Name:
 Address:
 TEL: - -
 *Supervisor Name:
 *Supervisor TEL: - -

I confirm that the following information is true.

*individual completing form

※ Any additions or alterations to this form without employer's permission is a criminal offense punishable by law.

No.	Item	Entry												
1	Industry	<input type="checkbox"/> Agriculture/Forestry <input type="checkbox"/> Fishery <input type="checkbox"/> Mining/Quarry/Gravel <input type="checkbox"/> Construction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Utilities (Electricity, Gas, Water) <input type="checkbox"/> Telecommunications <input type="checkbox"/> Carrier/Postal Service <input type="checkbox"/> Wholesale/Retail <input type="checkbox"/> Finance/Insurance <input type="checkbox"/> Real Estate/Goods Rentals <input type="checkbox"/> Research/Specialty/Arts <input type="checkbox"/> Hotel/Restaurant <input type="checkbox"/> Life-related services, Entertainment <input type="checkbox"/> Medical Care/Welfare <input type="checkbox"/> Education/Learning Support <input type="checkbox"/> Fukugou Service <input type="checkbox"/> Public Servant <input type="checkbox"/> Other ()												
2	Furigana Applicant's Full Name										Date of Birth	Year	Month	Day
3	Period of Employment	<input type="checkbox"/> No Term <input type="checkbox"/> Term Term (If "no term," only fill in the start date)		YYYY	MM	DD	—	YYYY	MM	DD				
4	Applicant's Place of Work	Name												
		Address												
5	Type of Employment	<input type="checkbox"/> Full-time <input type="checkbox"/> Arubaito <input type="checkbox"/> Temp (Haken) <input type="checkbox"/> Contract (Keiyakushain) <input type="checkbox"/> Fiscal year contracted staff (Kaikai Nendo Ninyou Shokuin) <input type="checkbox"/> Part-time/Temporary <input type="checkbox"/> Director/Committee member <input type="checkbox"/> Self-employed <input type="checkbox"/> Work for self-employed individual <input type="checkbox"/> Work for family <input type="checkbox"/> Naishoku <input type="checkbox"/> Subcontracting/Provision of services <input type="checkbox"/> Other ()												
6	Work Hours Fixed Hours	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday		Total Hours	hrs	mins./month	(minutes of break)						
		Work days/month		days/month	Work days/week		days/week							
		Weekdays: From		Hour	Minute	—	Hour	Minute	(minutes of break)				
	Saturdays: From		Hour	Minute	—	Hour	Minute	(minutes of break)					
	Sundays/holidays: From		Hour	Minute	—	Hour	Minute	(minutes of break)					
	Work Hours Irregular Hours	Total Hours	<input type="checkbox"/> Per Month <input type="checkbox"/> Per Week		Hours	Minutes	(minutes of break)						
Work Days		<input type="checkbox"/> Per Month <input type="checkbox"/> Per Week		Days										
Principal working hours/shift		From	Hour	Minute	—	Hour	Minute	(minutes of break)					
7	Employment Record ※For last 3 months. Days include paid vacation, hours includes OT, break time	Month	Year	Month	Month	Year	Month	Month	Year	Month	Month	Year	Month	
		days/month	hours/month	days/month	hours/month	days/month	hours/month	days/month	hours/month	days/month	hours/month	days/month	hours/month	
8	Pre and post-birth leave of absence (Maternity Leave) (incl. planned)	<input type="checkbox"/> Planned <input type="checkbox"/> Ongoing Period Year Month Day — Year Month Day												
9	Childcare Leave (Ikuji Kyuugyou) (incl. planned)	<input type="checkbox"/> Planned <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed Period Year Month Day — Year Month Day												
10	Other leave taken (excludes 8. and 9.)	<input type="checkbox"/> Planned <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed		Reason	<input type="checkbox"/> Caregiving (Kaigo) leave <input type="checkbox"/> Sick leave <input type="checkbox"/> Other ()									
		Period	Year	Month	Day	—	Year	Month	Day					
11	Return to work (incl. planned)	<input type="checkbox"/> Planned return <input type="checkbox"/> Already resumed		Date of return or planned return:				Year	Month	Day				
12	Using system for reduced working hours to take care of child (incl. planned)?	<input type="checkbox"/> Planned <input type="checkbox"/> Ongoing		Period	Year	Month	Day	—	Year	Month	Day			
		Principal working hours/shift		From	Hour	Minute	—	Hour	Minute	(minutes of break)			
13	Is worker a childcare worker, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes (Planned) <input type="checkbox"/> No												
14	Notes													

Additional entries (追加的記載事項欄)

For applicant (parent/guardian) (保護者記載欄)

Name of Child		Date of Birth:	Year	Month	Day
Name of Child		Date of Birth:	Year	Month	Day