

Employment Certificate

(Standard form for big cities)

To Mayor of Shibuya

① Name of Company Issuing the Certificate	
② Address of Company Issuing the Certificate	
③ Name of the certificate issuer	
④ Title of the issuer	
⑤ Seal	

⑥ Date of certification		YY		MM		DD
⑦ Contact about description	Dept. in charge					
	Name of the person in charge					
	Tel. no.					
	E-mail (optional)					

I hereby certify that the following information is correct.
***Only the information that the issuer acknowledges as of the date of certification is applied.**

No.	Item	Column
	Name of Applicant	Employee ID number (optional)
	Address of Applicant	

Items about the applicant's working conditions and the employer (including the expected employer)

2	Working Condition /Plan	Current Working Conditions	1. currently working 2. maternity/childcare leave 3. expecting to work (including those who have unofficial job offer) 4. Other()		
		Transfer without family <small>*including the plan</small>	1. Yes 2. No	Transfer period	A.D. YY MM DD ~ YY MM DD
3	Name of Company as Main Workplace <small>*Enter if different from ①</small>		Main workplace	1. home 2. outside home	
4	Address of Company as Main Workplace <small>*Enter if different from ②</small>				

Contracts (employment contract, contracts concerning work), items for work regulation

***Please fill out the columns according to your employment contract, rather than the actual working hours and salary.**

5	Type of salary	Type of salary	1. Annual payment 2. Monthly salary 3. Daily payment 4. Hourly payment 5. Others (commission, etc.)					
6	Type of employment	Corporate executive/ Self-employed	1. Corporate executive (e.g. member of the board, auditor, a director) 2. Self-employed (Small business owner)					
		Employee	3. Full-time employee 4. Occasional worker belonging to agencies 5. Contract worker 6. Part-timer					
		Others	7. Working at home 8. Employed for family business 9. Others()					
	Working style	1. Fixed hours 2. Irregular hours 3. Flex time 4. Deemed hours 5. Discretionary work system 6. Others()						
7	Working hours <small>*including break time</small>	MM	Hrs.	Min.	Number of working days	MM	DD	
		DD	Hrs.	Min.	(break)	Min.		
8	Working time zone <small>*In case of flex time or discretionary work, report the standard work hours.</small>	Weekday	Hr.	Min.	~	Hr.	Min.	
		Saturday	Hr.	Min.	~	Hr.	Min.	
		Sunday	Hr.	Min.	~	Hr.	Min.	
9	Work days	1. Mon. 2. Tue. 3. Wed. 4. Thu. 5. Fri. 6. Sat. 7. Sun. 8. Holiday 9. Indefinite						
10	Date of employment <small>*If self-employed, state the date when you started the business *Fill in the actual starting (or planned) date of work, not the date of contract</small>	(In case of a fixed-term contract) Whether renewal of the contract is available or not.	1. Yes 2. No					
		Starting date of work (hire date)			Expiration date of the contract <small>*Enter in case of a fixed-term contract</small>			
		A.D.	YY	MM	DD	~	A.D.	YY

※To be continued to the second page(back).

To be filled in by guardians

Child's name		Date of birth	YY	MM	DD	Name of facility	(Enrolled / Applying)
Child's name		Date of birth	YY	MM	DD	Name of facility	(Enrolled / Applying)

Applicant's working information
***Please fill in the "actual records" of the time you actually worked and the amount of payment, not the time/ amount written in your contracts or rules.**

11	Latest working record	Year/ Month	i A.D.	YY	MM	i A.D.	YY	MM	i A.D.	YY	MM
		Working days *Including paid holidays you got			DD			DD			DD
		Working hours *Including breaks		Hrs.	Min.		Hrs.	Min.		Hrs.	Min.
		Overtime hours		Hrs.	Min.		Hrs.	Min.		Hrs.	Min.
		Salary payment *excluding lump sum bonus and commuting allowance(amount before tax, social insurance etc. are deducted)			yen			yen			yen
		Year/ Month	i A.D.	YY	MM	i A.D.	YY	MM	i A.D.	YY	MM
		Working days *Including paid holidays you got			DD			DD			DD
		Working hours *Including breaks		Hrs.	Min.		Hrs.	Min.		Hrs.	Min.
		Overtime hours		Hrs.	Min.		Hrs.	Min.		Hrs.	Min.
		Salary payment *excluding lump sum bonus and commuting allowance(amount before tax, social insurance etc. are deducted)			yen			yen			yen

Regarding maternity and childcare leave and short-working-hour system

12	(Expected)acquired period of maternity leave	A.D.	YY	MM	DD	~	A.D.	YY	MM	DD
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13	(Expected)acquired period of child-care leave	A.D.	YY	MM	DD	~	A.D.	YY	MM	DD
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14	Expected date of reinstation *For only those who are in the maternity/child-care leave in the issuing company	A.D.	YY	MM	DD	Whether shortening of child care leave is available or not in case that enrollment is preliminarily permitted.	1. Yes 2. No		
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15	Expected use of short working hours system and working hours during that period *Enter the (expected) use time and working hours during that period only when the applicant will use the system.	Expected use of short working hours system after enrollment		1. Yes 2. No		Expected date of termination of use of short working hours system.	A.D.	YY	MM	DD	
		Work hours while using the system (planned)	Weekday		Hr.	Min.	~	Hr.	Min.	Work break	Min.
			Saturday		Hr.	Min.	~	Hr.	Min.	Work break	Min.
			Sunday		Hr.	Min.	~	Hr.	Min.	Work break	Min.

Whether there is actual work as nursery school teacher (nursery school teacher,kindergarten teacher or child care teacher)

16	Whether there is actual work as nursery school teacher	1. Yes 2. No		
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Remarks

*You can download a Work Certificate Form and instructions from the Shibuya City website.

- *If the number of your working days or hours are irregular, please attach a copy of your shift or work schedule (for the last 2-3 months). In case it is difficult to give in the paper, please fill in a Working Status Report (Form specified by the City) and submit it.
- *When you make a correction in the above Report, a correction seal or signature is required. Correction done by whiteout or correction tapes are not accepted. Entries made in erasable pen is not admitted.
- *If there is a false statement, we will cancel the approval or preliminary offer. Also the certificate without a certification date is invalid and unacceptable.
- *As for the working record, the last 3 months' records should be filled in. If you are on maternity leave or childcare leave, please fill in the record for the last 3 months before maternity leave. If you have just started working and the latest working record is less than 3 months, please fill in within the extent you completed.
- *For working hours, please fill in the straight time that does not include overtime hours.
- *Please note that we may contact the person in charge of filling in the form if we have any questions.