

Employment Certificate

To Mayor of Musashimurayama City

Date of certification	year	month	day
Business name			
Representative name			
Address (of the above company)			
telephone number	—	—	
Name of person in charge			
Contact information of the person who submitted the information			

This is to certify the employment status of the individual named below.

***Please note that creating or altering the contents of this certificate without the permission of your employer may result in criminal charges.**

No.	item	Field to write																													
1	Industry	☐ Agriculture/Forestry ☐ fishery ☐ Mining, quarrying, and gravel extraction ☐ Construction ☐ Manufacturing ☐ Electricity, gas, heat supply, and water supply ☐ Information and communications ☐ Transportation and Postal ☐ Wholesale and Retail ☐ Finance and Insurance ☐ Real estate and Goods Rental ☐ Academic research, professional and technical services ☐ Accommodation and food service ☐ Lifestyle-related services and entertainment ☐ Medical care and welfare ☐ Education and Learning Support ☐ Integrated services ☐ public affairs ☐ others()																													
2	Phonetic spelling	date of birth																													
	Name	year month day																													
3	Employment (planned) period	☐ Indefinitely ☐ Fixed	Term of Employment (If indefinite, only fill in the start date.) year month day ~ year month day																												
4	Workplace Information *(Please provide details of the location where the employee actually works.)	name address																													
5	employment type	☐ Full-time ☐ Part-time/Temporary ☐ Temporary (Haken) ☐ Contract (Keiyakushain) ☐ Fiscal year Contracted Staff ☐ Part-time/Temporary Staff ☐ Board member ☐ Self-employed ☐ Self-employed full-time employee ☐ Family workers ☐ Home-based work ☐ Business outsourcing ☐ others()																													
6	Standard Working Hours *(If the schedule is fixed, please fill in the table below. Leave blank for non-working days.)	<table> <tr> <td>mon</td><td>tue</td><td>wed</td><td>thu</td><td>fri</td><td>sat</td><td>sun</td><td>holiday</td><td>Total time</td><td>Monthly</td><td>hours</td><td>minutes</td><td>(break time</td><td>minutes)</td> </tr> <tr> <td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> Number of working days per month Monthly day Number of working days per week week day weekdays hr. min. ~ hr. min. (break time minutes) Saturday hr. min. ~ hr. min. (break time minutes) Sundays and holidays hr. min. ~ hr. min. (break time minutes)		mon	tue	wed	thu	fri	sat	sun	holiday	Total time	Monthly	hours	minutes	(break time	minutes)	☐	☐	☐	☐	☐	☐	☐	☐						
mon	tue	wed	thu	fri	sat	sun	holiday	Total time	Monthly	hours	minutes	(break time	minutes)																		
☐	☐	☐	☐	☐	☐	☐	☐																								
	Standard Working Hours *(If the schedule is irregular, please provide details of the work pattern below.)	Total time ☐ Monthly ☐ week hours minutes (break time minutes) Number of working days ☐ Monthly ☐ week day Main working hours / Shift hours hr. min. ~ hr. min. (break time minutes)																													
7	Recent Employment Record ※for last three months.Days include paid vacation, hours include breaks and OT.	<table> <tr> <td>year and month</td><td>year</td><td>month</td><td>year and month</td><td>year</td><td>month</td><td>year and month</td><td>year</td><td>month</td> </tr> <tr> <td>days/month</td><td>hours/month</td><td>days/month</td><td>hours/month</td><td>days/month</td><td>hours/month</td><td>days/month</td><td>hours/month</td><td></td> </tr> </table>		year and month	year	month	year and month	year	month	year and month	year	month	days/month	hours/month	days/month	hours/month	days/month	hours/month	days/month	hours/month											
year and month	year	month	year and month	year	month	year and month	year	month																							
days/month	hours/month	days/month	hours/month	days/month	hours/month	days/month	hours/month																								
8	Maternity Leave (Prenatal/Postnatal) *Includes plans	☐ Planned ☐ Ongoing ☐ Completed period year month day ~ year month day																													
9	Childcare Leave *Includes plans	☐ Planned ☐ Ongoing ☐ Completed period year month day ~ year month day																													
10	Other Leave (excludes maternity or childcare leave.)	☐ Planned ☐ Ongoing ☐ Completed reason ☐ Caregiving leave ☐ sick leave ☐ others () period year month day ~ year month day																													
11	Scheduled Return to Work Date	☐ Planned return ☐ Returned to work Date of returned: year month day																													
12	Reduced Working Hours for Childcare *(This system allows employees to work shorter hours for childcare purposes.)	☐ Planned ☐ Ongoing period year month day ~ year month day Main working hours / Shift hours hr. min. ~ hr. min. (break time minutes)																													
13	Employment as a Childcare Worker or Similar Professional	☐ Yes ☐ Yes (planned) ☐ No																													
14	Prospect of Contract Renewal	☐ Yes ☐ Yes (planned) ☐ No ☐ to be decided																													
15	Possibility of shortening childcare Leave	☐ Possible ☐ Possible (planned) ☐ No																													
16	Possibility of extension childcare Leave	☐ Possible ☐ Possible (planned) ☐ No																													
17	Work Assignment Requiring Separate Residence	year month day ~ year month day																													
18	Remarks column *(Please use this space for any additional information relevant to the employee's work status that may affect their eligibility for childcare services.)*																														
Parent/Guardian Information Section (For applicant)		Child's name	date of birth	Facility name	☐ Currently in use ☐ Application in progress (First choice)																										
			year month day																												
		Child's name	date of birth	Facility name	☐ Currently in use ☐ Application in progress (First choice)																										
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