

Certificate of Employment

To the mayor of Musashimurayama City

State the date on which your place of business completed this form.
*Be aware that, in principle, the period of validity of this Certificate of Employment is 3 months from the stated date.

Example

Date	12 / 1 / 2020 (MM/DD/YYYY)
Name of place of employment	◇◇◇ Co., Ltd
Name of representative	□□ △△ (Seal)
Address	◇-▽-◇, Chuo, Musashimurayama-shi
Telephone number	012-345-0345
Name of person filling in this form	Goro Musashi
Contact details of person filling in this form	012-345-6543

I hereby certify that the following content is factual.

No.	Item	Details													
Items concerning employment															
1	Job content	Administration State the job content of the employee.													
2	Name of employee	Akiko Murayama													
3	Address of employee	□-◇◇-〇〇 Honmachi, Musashimurayama-shi													
4	(Prospective) term of employment	4 / 1 / 2017 to 3 / 31 / 2021 <small>(MM/DD/YYYY) to (MM/DD/YYYY)</small> <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Fixed-term / <input checked="" type="checkbox"/> To be renewed <input type="checkbox"/> None <small>(only complete if Fixed-term)</small>													
5	Place of employment	◇◇◇ Co., Ltd.													
6	Address of place of employment	◇-▽-◇, Chuo, Musashimurayama-shi													
7	Telephone number of place of employment	012-345-0123													
8	Type of employment	<input type="checkbox"/> Self-employed <input type="checkbox"/> Permanent/full-time <input checked="" type="checkbox"/> Part-time/casual <input type="checkbox"/> Irregular/temporary <input type="checkbox"/> Dispatch <input type="checkbox"/> Other ()													
9	Hours worked (if regular employment)	<input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Tue <input checked="" type="checkbox"/> Wed <input checked="" type="checkbox"/> Thu <input checked="" type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Public holidays Weekly 35 hours 0 minutes 5 days per week Weekdays 9 : 30 - 17 : 30 Saturday : - : Sunday : - :													
		Hours worked (if casual employment)	Weekly hours minutes days per week												
		Employment record (including paid leave) *record of previous 3 months	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>8 / 2019 (MM/YYYY)</th> <th>9 / 2019 (MM/YYYY)</th> <th>10 / 2019 (MM/YYYY)</th> <th>Hourly rate 1,013 yen</th> </tr> <tr> <td>18 days per month</td> <td>20 days per month</td> <td>19 days per month</td> <td rowspan="3">State taxable amount.</td> </tr> <tr> <td>125 hours per month</td> <td>140 hours per month</td> <td>133 hours per month</td> </tr> <tr> <td>125,814 yen per month</td> <td>141,820 yen per month</td> <td>134,729 yen per month</td> </tr> </table>	8 / 2019 (MM/YYYY)	9 / 2019 (MM/YYYY)	10 / 2019 (MM/YYYY)	Hourly rate 1,013 yen	18 days per month	20 days per month	19 days per month	State taxable amount.	125 hours per month	140 hours per month	133 hours per month	125,814 yen per month
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12	Maternity leave taken	On leave, leave complete 11 / 4 / 2018 (MM/DD/YYYY) - 2 / 9 / 2020 (MM/DD/YYYY)													
13	Childcare leave taken (planned length)	Planned 2 / 10 / 2020 (MM/DD/YYYY) - 12 / 14 / 2021 (MM/DD/YYYY)													
		Earliest possible date of return 5 / 1 / 2021 (MM/DD/YYYY) Latest possible date of return 3 / 31 / 2022 (MM/DD/YYYY)													
14	Return to work date (planned)	5 / 1 / 2021 (MM/DD/YYYY)													
15	Notes	(if planning to work shorter hours for childcare) Work 10:00 to 16:00 weekdays if work commences from May 1, 2021													

Complete if necessary

Complete this notes item if you have any additional comments about the above certificate content.

To be completed by parent or guardian

Child's name	Shunta Murayama	Date of birth	0 / 0 / (MM/DD/YYYY)	Facility name	OOO Childcare Center	<input type="checkbox"/> Already <input checked="" type="checkbox"/> Applied (1st preference)
Child's name		Date of birth	/ (MM/DD/YYYY)	Facility name		<input type="checkbox"/> Already <input type="checkbox"/> Applied (1st preference)
Child's name		Date of birth	/ (MM/DD/YYYY)	Facility name		<input type="checkbox"/> Already <input type="checkbox"/> Applied (1st preference)

*If you are self-employed, working from home, or have secondary employment, please