Work Certificate

To: Mayor of Setagaya City

Certified date	YYYY	MM	DD
Name of Business			
Name of Representative			
Address			
Telephone No.	—	—	
Person in charge			
Contact to the above	—	—	

The following statements are certified as facts.

*If you create or alter the contents of this certificate without permission from the employer may be charged with a criminal offense.

No.	Item	Description
1	Industry	☐ Agriculture/forestry ☐ Fishery ☐ Mining/quarrying/gravel extraction ☐ Construction ☐ Manufacturing ☐ Electricity/gas/heat supply/water supply ☐ Telecommunications ☐ Transportation/postal ☐ Wholesale/retail ☐ Finance/insurance ☐ Real estate/goods rental ☐ Scientific research/specialized and technical servi ☐ Accommodation/food service ☐ Life-related service/entertainment ☐ Medical/welfare ☐ Education/learning support ☐ Integrated service ☐ Government service ☐ Other ( )
2	(Kana reading)	
	Name	Birth date YYYY MM DD
3	Employment (planned) term, etc.	☐ Permanent ☐ Fixed **Term** (In the case of "Permanent", only the commencement date of employment) YYYY MM DD ~ YYYY MM DD
4	Place of Employment	Name
		Address
5	Employment Type	☐ Permanent employee ☐ Part-time worker ☐ Dispatched worker ☐ Contract work ☐ Fiscal-year appointment staff ☐ Non-regular/temporary staff ☐ Executives ☐ Self-employed ☐ Employee of Self-employed business ☐ Employee of Family business ☐ Homework ☐ Entrustment ☐ Other ( )

		Mon	Tue	Wed	Thu	Fri	Sat	Sun	National holiday	Total hours	Per Month	hours		Minutes	(Breaktime)		Minutes
6	Working Hours (For fixed work)	☐	☐	☐	☐	☐	☐	☐	☐								

Working days per month	For a month	days	Working days per week	Per week	days
Weekdays	Hour Minutes ~ Hour Minutes (Break Minutes)				
Saturdays	Hour Minutes ~ Hour Minutes (Break Minutes)				
Sundays/holidays	Hour Minutes ~ Hour Minutes (Break Minutes)				

	Working Hours (For irregular work)					
Total hours	☐ Per month ☐ Per week	hours	minutes (Break	Minutes)		
Working days	☐ Per month ☐ Per week	days				
Main working period/shift period	Hour Minutes ~ Hour Minutes (Break Minutes)					

7	Actual record of working *The number of days includes paid holidays, and the number of hours includes breaks and overtime hours.	Month/year	Month	Year	Month/year	Month	Year	Month/year	Month	Year
			Days/month	Hours/month		Days/month	Hours/month		Days/month	Hours/month

8	Maternity Leave before and after childbirth * Including planned acquisition	☐ Planned ☐ Under acquisition
		Term YYYY MM DD ~ YYYY MM DD

9	Parental Leave * Including planned acquisition	☐ Planned ☐ Under acquisition ☐ Acquired
		Term YYYY MM DD ~ YYYY MM DD

10	Leave other than Maternity/Parental	☐ Planned ☐ Under acquisition ☐ Acquired Reason ☐ Nursing ☐ Illness ☐ Other ( )
		Term YYYY MM DD ~ YYYY MM DD

11	(Planned) Date of Return to Work	☐ Plan to return ☐ Returned Month Day Year

12	Use of shorter working hours for childcare * Including planned acquisition	☐ Planned ☐ Under acquisition Term YYYY MM DD ~ YYYY MM DD
		Main working period/shift period Hour Minutes ~ Hour Minutes (Break Minutes)

13	Presence or absence of work as a Nursery Teacher, etc.	☐ Yes ☐ Yes (planned) ☐ No

14	Comments	

Additional Information

15	Working Status	Living away from his/her family for work	☐ Yes ☐ No	Term YYYY MM DD ~ YYYY MM DD
		Employment insurance status	☐ Yes ☐ No	Shorter working hours for childcare * If No.12 is applicable	Working days after the change Week Day

The followings shall be filled in by the parent or guardian.

For Parent/Guardian Use *Parents/guardians of the child should fill in here only.

Name of Child _____ Birth Date (YYYY MM DD)

* Check the applicable box. If currently enrolled, also fill in the name of the facility.

☐ Application for Benefits Authorization ☐ Enrollment (transfer) application ☐ Currently enrolled (Facility name:) 2024.09