

Work Certificate

To Mayor of Ota City

Date of certification	In A.D	Year	Month	Day
Office Name				
Name of Representative				
Address				
TEL				
Name of the person in-charge				
Contact				

I hereby certify that the following information is true.

If you make or alter the contents of this certificate without the permission of the business or other entity where you work, you may be charged with a crime under criminal law.

No.	List	Description																																																																																							
1	Type of Business	<input type="checkbox"/> Agriculture and forestry <input type="checkbox"/> Fishing <input type="checkbox"/> Mining, quarrying, and gravel extraction <input type="checkbox"/> Construction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Electricity, gas, heat supply, and water supply <input type="checkbox"/> Information and Communication <input type="checkbox"/> Transportation and Postal Services <input type="checkbox"/> Wholesale and retail trade <input type="checkbox"/> Finance and insurance <input type="checkbox"/> Real estate and property rental <input type="checkbox"/> Academic research and professional <input type="checkbox"/> Lodging and food services <input type="checkbox"/> Lifestyle-related services and entertainment <input type="checkbox"/> Medical care and welfare <input type="checkbox"/> technical services Education and Learning Support <input type="checkbox"/> Combined services <input type="checkbox"/> Public service <input type="checkbox"/> Others ()																																																																																							
2	Name of the applicant	<div> <div></div> <div>Date of Birth</div> <div>Year</div> <div>Month</div> <div>Day</div> </div>																																																																																							
3	Employment (planned) period, etc.	<input type="checkbox"/> Indefinite Period (If indefinite, only start date of employment) Year Month Day ~ Year Month Day <input type="checkbox"/> Fixed term																																																																																							
4	Company where the applicant works	<div>Name</div> <div>Address</div>																																																																																							
5	Type of Employment	<input type="checkbox"/> Full-time Employee <input type="checkbox"/> Part-time Job <input type="checkbox"/> Temporary Employee <input type="checkbox"/> Contract Employee <input type="checkbox"/> Fiscal Year Contracted Staff <input type="checkbox"/> Part-time/Temporary Staff <input type="checkbox"/> Board Member <input type="checkbox"/> Self-employed Person <input type="checkbox"/> Self-employed Full-time Worker <input type="checkbox"/> Family Employee <input type="checkbox"/> Home Job <input type="checkbox"/> Subcontracting <input type="checkbox"/> Others ()																																																																																							
6	Working hours (For fixed employment)	<table> <tr> <td>Mon</td><td>Tues</td><td>Wed</td><td>Thurs</td><td>Fri</td><td>Sat</td><td>Sun</td><td>Public holidays</td><td>Total hours</td> <td>Monthly</td> <td>Hours</td> <td>Min</td> <td>(Break time</td> <td>minutes)</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="9">Number of working days per month</td> <td>Monthly</td> <td>Day</td> <td colspan="3">Number of working days per week</td> </tr> <tr> <td colspan="9">Weekday</td> <td>Hr.</td> <td>Min</td> <td>~</td> <td>Hr.</td> <td>Min</td> <td>Break time(minutes)</td> </tr> <tr> <td colspan="9">Saturday</td> <td>Hr.</td> <td>Min</td> <td>~</td> <td>Hr.</td> <td>Min</td> <td>Break time(minutes)</td> </tr> <tr> <td colspan="9">Sundays and Holidays</td> <td>Hr.</td> <td>Min</td> <td>~</td> <td>Hr.</td> <td>Min</td> <td>Break time(minutes)</td> </tr> </table>	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Public holidays	Total hours	Monthly	Hours	Min	(Break time	minutes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							Number of working days per month									Monthly	Day	Number of working days per week			Weekday									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)
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7	Work record *Number of days includes paid vacation. Hours includes breaks and overtime	<table> <tr> <td>Year and Month</td> <td>Year</td> <td>Month</td> <td>h</td> <td>Year and Month</td> <td>Year</td> <td>Month</td> <td>h</td> <td>Year and Month</td> <td>Year</td> <td>Month</td> </tr> <tr> <td>Day/ Month</td> <td>Hours/ Month</td> <td>Day/ Month</td> <td>Hours/ Month</td> <td>Day/ Month</td> <td>Hours/ Month</td> <td>Day/ Month</td> <td>Hours/ Month</td> <td>Day/ Month</td> <td>Hours/ Month</td> <td>Day/ Month</td> </tr> </table>	Year and Month	Year	Month	h	Year and Month	Year	Month	h	Year and Month	Year	Month	Day/ Month	Hours/ Month	Day/ Month	Hours/ Month	Day/ Month	Hours/ Month	Day/ Month	Hours/ Month	Day/ Month	Hours/ Month	Day/ Month																																																																	
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8	Taking prenatal and postnatal leave *Includes plans	<input type="checkbox"/> Scheduled <input type="checkbox"/> Acquiring Period Year Month Day ~ Year Month Day																																																																																							
9	Taking childcare leave *Includes plans	<input type="checkbox"/> Scheduled <input type="checkbox"/> Acquiring <input type="checkbox"/> Acquired Period Year Month Day ~ Year Month Day																																																																																							
10	Taking leave other than maternity/childcare leave	<input type="checkbox"/> Scheduled <input type="checkbox"/> Acquiring <input type="checkbox"/> Acquired reason <input type="checkbox"/> Nursing care leave <input type="checkbox"/> Sick leave <input type="checkbox"/> Others() Period Year Month Day ~ Year Month Day																																																																																							
11	(Planned) date of reinstatement	<input type="checkbox"/> Scheduled <input type="checkbox"/> Returned to work Year Month Day																																																																																							
12	Availing the shortened working hour system for childcare *Includes acquisition schedule	<input type="checkbox"/> Scheduled <input type="checkbox"/> Acquiring Period Year Month Day ~ Year Month Day Main working hours/shift hours Hr. Min ~ Hr. Min (Break time minutes)																																																																																							
13	Whether or not you actually work as a childcare worker, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> Yes(scheduled) <input type="checkbox"/> No																																																																																							
14	(Employment Contract) Possibility of Renewal after expiration	<input type="checkbox"/> Yes <input type="checkbox"/> Yes(scheduled) <input type="checkbox"/> No <input type="checkbox"/> Undecided																																																																																							
15	Possibility of shortening of child care leave after enrollment	<input type="checkbox"/> Yes <input type="checkbox"/> Yes(scheduled) <input type="checkbox"/> No																																																																																							
16	Possibility of extension of Child-care leave	<input type="checkbox"/> Yes <input type="checkbox"/> Yes(scheduled) <input type="checkbox"/> No																																																																																							
17	Length of single person work relocation (including expected schedule)	Year Month Day ~ Year Month Day																																																																																							
18	Remarks column																																																																																								
19	Parent/guardian entry field	<table> <tr> <td>Child's name</td> <td>Date of Birth</td> <td>Name of Facility</td> <td><input type="checkbox"/> Currently in use</td> <td><input type="checkbox"/> Currently in Application (first choice)</td> </tr> <tr> <td>Child's name</td> <td>Year Month Day</td> <td>Name of Facility</td> <td><input type="checkbox"/> Currently in use</td> <td><input type="checkbox"/> Currently in Application (first choice)</td> </tr> <tr> <td>Child's name</td> <td>Date of Birth</td> <td>Name of Facility</td> <td><input type="checkbox"/> Currently in use</td> <td><input type="checkbox"/> Currently in Application (first choice)</td> </tr> <tr> <td>Child's name</td> <td>Year Month Day</td> <td>Name of Facility</td> <td><input type="checkbox"/> Currently in use</td> <td><input type="checkbox"/> Currently in Application (first choice)</td> </tr> </table>	Child's name	Date of Birth	Name of Facility	<input type="checkbox"/> Currently in use	<input type="checkbox"/> Currently in Application (first choice)	Child's name	Year Month Day	Name of Facility	<input type="checkbox"/> Currently in use	<input type="checkbox"/> Currently in Application (first choice)	Child's name	Date of Birth	Name of Facility	<input type="checkbox"/> Currently in use	<input type="checkbox"/> Currently in Application (first choice)	Child's name	Year Month Day	Name of Facility	<input type="checkbox"/> Currently in use	<input type="checkbox"/> Currently in Application (first choice)																																																																			
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