

# Work Certificate

(Standard form for big cities)

\*Please print out both sides and submit.

\*Please refer to the attached "Working Certificate Item Description" when filling up the form.

To Mayor of Ota City

①Name of the company issuing this certificate	
②Address of the company issuing this certificate	
③Name of the person in-charge of issuance of this certificate	
④Title of the person in-charge of issuance of this certificate	
⑤Seal	

⑥Date of certification (In A.D.)	Year	Month	Day	
	Department in-charge			
	Name of the person in-charge			
⑦Contact about the contents	TEL			

I hereby certify that the information provided below is true (However, the certified content is limited to the information the issuer knows as of the date of certificate).

No.	Item	Column for filling up	
1	Name of the applicant	Employee number etc. (optional)	
	Address of the applicant		

### Section about the applicant's working situation and the employer (including the expected employer)

2	Working situation / plan	Current working situation		1. Working 2. Taking maternity / childcare leave 3. Expecting work (including those who have unofficial job offer) 4. Other ( )							
		Solo transfer *Including plan	1. No 2. Yes	Period of assignment	A.D.	Year	Month	Day	~	Year	Month
3	Name of main work place *Enter if different from above ①				Main work place	1. At home 2. Outside home					
4	Address of main work place *Enter if different from above ②										

### Items about the contents of the contract (Contract concerning work such as an employment contract) and work regulation

\*Please provide the contents stated in the employment contract / work regulation but NOT the actual working hours and actual salary paid.

5	Type of salary / Amount of salary	Type of salary *Salary amount excluding lump sum bonus and commuting allowance (i.e. Amount before deducting tax and social insurance premium etc.)	1. Annual payment 2. Monthly payment 3. Daily payment 4. Hourly payment 5. Others (Commission, etc.) ( )				Amount in yen				
6	Work type	Corporate executive / Self-employed									
		Employee	3. Regular employee 4. Occasional worker dispatched from human resource agency 5. Contract worker 6. Part-timer								
	Other	7. Working at home as a side-line 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 *Including break time	Month	Hours	Minutes	Number of working days	Month	Day				
		Day	Hours	Minutes	(Break time)	Minutes					
8	Working time *In case of flex time or discretionary work, provide the standard work time	Weekdays	Hr.	Min	~	Hr.	Min				
		Saturdays	Hr.	Min	~	Hr.	Min				
		Sundays	Hr.	Min	~	Hr.	Min				
9	Work days	1. Mon. 2. Tues. 3. Wed. 4. Thurs. 5. Fri. 6. Sat. 7. Sun. 8. Public holidays 9. Not fixed									
10	Contract period *Fill in the actual starting date or planned starting date of work, but NOT the date of contract *In case of a fixed-term contract also provide the expiration date of the contract	(In case of a fixed-term contract) Whether renewal of the contract is available or not		1. Yes 2. No							
		Starting date of work (Starting date of work such as date of employment)			the expiration date of the contract *In case of a fixed-term contract fill in this part too						
		A.D.	Year	Month	Day	~	A.D.	Year	Month	Day	

**Applicant's working information**  
**\*Please write down "actual records" of work hours and paid amount, but NOT the hours and wage written in the contract or regulation.**

11	Latest working record *For those taking maternity / childcare, write down the record right before taking maternity leave.	Year (YYYY) / Month (MM)	i A.D.	Year	Month	ii A.D.	Year	Month	iii A.D.	Year	Month
		Working days *Including paid leave taken	Day			Day			Day		
		Overtime hours	Hours		Minutes	Hours		Minutes	Hours		Minutes
		Salary payment *Salary amount excluding lump sum bonus and commuting allowance (Amount before deducting tax, social insurance premium etc.)	Yen			Yen			Yen		
		Year (YYYY) / Month (MM)	iv A.D.	Year	Month	v A.D.	Year	Month	vi A.D.	Year	Month
		Working days *Including paid leave taken	Day			Day			Day		
		Overtime hours	Hours		Minutes	Hours		Minutes	Hours		Minutes
		Salary payment *Salary amount excluding lump sum bonus and commuting allowance (Amount before deducting tax, social insurance premium etc.)	Yen			Yen			Yen		

**Items on maternity / childcare leave and short-working-hour system**

12	Length of maternity leave taken / expected	A.D	Year	Month	Day	~	A.D	Year	Month	Day
13	Length of childcare leave taken / expected	A.D	Year	Month	Day	~	A.D	Year	Month	Day
14										
15										

**Whether having worked as a childcare worker, kindergarten teacher or childcare teacher**

16	Whether having worked as a childcare worker etc.	1. Yes 2. No								
Remarks										

**↓ Ota City's original columns**

17	Working days and hours in case the short-working-day / hour system is availed / planned to avail	Availing situation	1. Availing now (including a case where the said system was availed right before taking maternity / childcare leave) 2. Planned to avail 3. Not determined								
		Length of availed / planned period	A.D	Year	Month	Day	~	A.D	Year	Month	Day
		Number of working days when availing the system *Fill in this column in case of the short-working-day system is availed / planned to avail	Month	Day	Working hours when availing the system	Hr.	Min	~	Hr.	Min	

Columns to be filled by the guardian			
Guardian's name *It must be the same as "Name of the applicant" of the front page		Date of certification *It must be the same as "Date of certification" on the front page	__(YYYY) __ (MM) __ (DD)
Child's name		Daycare center name	Applying for enrollment / Enrolled
Birthdate	__(YYYY) __ (MM) __ (DD)		
Child's name		Daycare center name	Applying for enrollment / Enrolled
Birthdate	__(YYYY) __ (MM) __ (DD)		
Child's name		Daycare center name	Applying for enrollment / Enrolled
Birthdate	__(YYYY) __ (MM) __ (DD)		

C o n t a c t	Inquiry on Licensed, Small scaled or Workplace based daycare centers	Nursery Usage Support Section, Nursery Services Division	TEL: 03-5744-1280	(URL of the downloadable forms) <a href="https://www.city.ota.tokyo.jp/download/kodomo/hoikuen/moushikomi.html">https://www.city.ota.tokyo.jp/download/kodomo/hoikuen/moushikomi.html</a> * "Reference on items in Work certificate" is also available. Please refer it too.
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