

### 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	<table border="1"> <tr> <td colspan="4"></td> <td>Date of Birth</td> <td>Year</td> <td>Month</td> <td>Day</td> </tr> </table>					Date of Birth	Year	Month	Day																	
				Date of Birth	Year	Month	Day																				
3	Employment (planned) period, etc.	<input type="checkbox"/> Indefinite <input type="checkbox"/> Fixed term    Period (if indefinite, only start date of employment)    Year    Month    Day ~    Year    Month    Day																									
4	Company where the applicant works	<table border="1"> <tr> <td>Name</td> <td colspan="7"></td> </tr> <tr> <td>Address</td> <td colspan="7"></td> </tr> </table>	Name								Address																
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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 border="1"> <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 (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> </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"/>				
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7	Work record *Number of days includes paid vacation. Hours includes breaks and overtime	<table border="1"> <tr> <td>Year and Month</td><td>Year</td><td>Mont h</td><td>Year and Month</td><td>Year</td><td>Mont 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>Month</td> </tr> </table>	Year and Month	Year	Mont h	Year and Month	Year	Mont h	Year and Month	Year	Month	Day/ Month	Hours/ Month	Day/ Month	Hours/ Month	Day/ Month	Hours/ Month	Day/ Month	Hours/ Month	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    Montl    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																									
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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 border="1"> <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>Year</td><td>Month</td><td>Day</td><td></td><td></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)	Year	Month	Day																	
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