

### 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="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></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> </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> </tr> <tr> <td colspan="2">Number of working days per month</td> <td colspan="2">Monthly</td> <td colspan="2">Day</td> <td colspan="2">Number of working days per week</td> <td colspan="2">Week</td> <td colspan="2">Day</td> </tr> <tr> <td colspan="2">Weekday</td> <td colspan="2">Hr.</td> <td colspan="2">Min</td> <td colspan="2">~</td> <td colspan="2">Hr.</td> <td colspan="2">Min Break time( minutes)</td> </tr> <tr> <td colspan="2">Saturday</td> <td colspan="2">Hr.</td> <td colspan="2">Min</td> <td colspan="2">~</td> <td colspan="2">Hr.</td> <td colspan="2">Min Break time( minutes)</td> </tr> <tr> <td colspan="2">Sundays and Holidays</td> <td colspan="2">Hr.</td> <td colspan="2">Min</td> <td colspan="2">~</td> <td colspan="2">Hr.</td> <td colspan="2">Min Break time( minutes)</td> </tr> </table>	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Public holidays	Total hours	<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		Week		Day		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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Main working hours/shift hours		Hr.		Min ~		Hr.		Min Break time( minutes)																																																												
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>Month</td> <td>Year and Month</td> <td>Year</td> <td>Month</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>Day/Month</td> <td>Hours/Month</td> <td>Day/Month</td> <td>Day/Month</td> <td>Hours/Month</td> <td>Day/Month</td> </tr> </table>	Year and Month	Year	Month	Year and Month	Year	Month	Year and Month	Year	Month	Day/Month	Hours/Month	Day/Month	Day/Month	Hours/Month	Day/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	Remarks column																																																																			

**Additional entry field**

15	Single/Overseas assignment*Includes plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	Period	Year	Month	Day ~    Year	Month	Day
16	There is a <input checked="" type="checkbox"/> in No.3 fixed term → whether the contract will be renewed or not	<input type="checkbox"/> Yes <input type="checkbox"/> No						
17	Number of working days(planned) for those who falls under No.12	<input type="checkbox"/> Monthly <input type="checkbox"/> Week		Day				