

【Work Certificate】Guide to filling out the form

*Make sure to refer the entry example.

*Use the Western calendar for the date and year column.

i C e r t i f i c a t e r i o n s	Date of certification	Provide the date of certification (Date the certificate is issued).	
	Office Name	Provide the name of the legal entity / company / organization (dispatching or seconding company etc.) which is responsible for issuance of the certificate. If the certifier is a sole proprietor, provide the business name. In case he/she doesn't have any business name, indicate the trade name or full name of the sole proprietor him/herself.	
	Name of Representative	Provide the full name of the person who has authority to certify the certificate and is responsible for the certificate's contents such as a representative director, HR department chief, branch manager.	
	Address	Provide the address of the office issuing the certificate.	
	TEL	Provide the telephone number of the office issuing the certificate.	
	Name of the person in-charge/Contact	Provide the name and phone number of the contact person to receive administrative communications. If the applicant worker is an employee and involved in the business of issuing certificates, someone other than him/her needs to certify the certificate and provide the name.	
No.1	Type of Business	Mark check (✓) on an applicable item which describes the current working situation.	
No.2	its Katakana spelling/ Name of the applicant Date of Birth	Provide the applicant worker's full name and its Katakana spelling. Provide the applicant worker's birthdate.	
No.3	Employment (planned) period, etc.	Mark check (✓) on either "□Indefinite" or "□Fixed term". In case of "□Indefinite", provide only the start date of employment. In case of "□Fixed term", provide the period and mark check (✓) on either "□Yes" or "□No" on the column No.16 below.	
No.4	Company where the applicant works	In case the business office is different from the one indicated on the upper right column, provide the office's name and location where the applicant worker is actually working.	
No.5	Type of Employment	Mark check (✓) on an applicable item. Self-employed refers the cases where the applicant worker is the owner him/herself, working for a business run by another family member within the second degree of kinship. For those who are self-employed are also required to prepare for a certificate of self-employment such as a true copy of a company register and documents proving earnings such as tax return, among others.	
No.6	Working hours (For fixed employment)	Mon~ Public holidays	Mark check (✓) on applicable items which describe the usual working days.[multiple choice allowed]
		Total hours	This refers the working hours based on the employment contract, but NOT the actual working hours (record) . Since it is working hours based on the employment contract, do not include over time. As for break time, include only the one stipulated in the work regulations. Even in case the applicant worker is working under the shortened working hour system for childcare, provide working hours before using the system.
		Number of working days per month/ Number of working days per week	Number of days per month: If the number of the days per week is fixed, multiply it by 4 (weeks) to provide the number. Number of days per week: If the number of the days per month is fixed, divide it by 4 (weeks) to provide the number.
	Working hours (in case of irregular work)	Weekdays · Sat/Sun · Public holidays	For the working time, provide it in the 24 hour-notation . If the work spreads across 2 days due to night shift etc., provide in the range of 0 to 29 (ex.: Enter "22:00 to 29:00" if the work is from 10pm to 5am of the following day).
		Total hours	Provide the time following the note for the Total hours column of the Working hours (For fixed employment)". If the working hours per day are fixed, multiply it by the number of working days in a week to provide "weekly" working hours. If weekly working hours are provided, we calculate the deemed monthly working hours by multiplying it by 4
		Number of working days	Provide the information about the number of working days per month or week. If the number of working days per year is fixed, divide it by 12 (months) to provide the number of working days per month, while by 48 (weeks) to provide the number of working days per week.
	Main working hours/shift hours	For the working time, provide it in the 24 hour-notation . Provide the applicant worker's most typical working hours regarding the main work shift.	
No.7	Work record	Provide the actual record for the recent 3 months. Include paid leave in the number of days, break time and over time in the number hours respectively. It is not required to fill up this space if the applicant worker does not have any actual record due to new employment etc. If any of No.8, 9 or 10 applies, provide the details before and after excluding the period in question. If the applicant worker started taking any of No. 8, 9 or 10 from the middle of the month, provide the details of the months before and after excluding the month in question. If the applicant worker is working under the shortened working hour system for childcare, provide the actual work record under the system.	
No.8	Taking prenatal and postnatal leave	Mark check (✓) on either "□Scheduled to acquire", "□Acquiring" or "□Acquired". If the parent/guardian already has returned to the work, provide actual record of acquisition (No need to fill up if 1 year or more has passed since the worker came back from the leave.) Provide the end date even if it is not finalized.	
No.9	Taking childcare leave	Regardless of the admission month to the daycare center, provide the period coordinated by both the company and the applicant worker who is the parent/guardian. If more than one applies, provide the most recent here, and past acquisitions in the remarks column. Fill up in accordance with the Act on the Welfare of Workers Caring for Children or Family Care such as Childcare leave and Nursing Care leave and the Labor Standard Act, or collective contract, work regulation and labor contract based on the said acts.	
No.10	Taking leave other than maternity/childcare leave	Mark check (✓) on applicable cause of acquisition of a leave other than maternity leave and childcare leave. Indicate about the leave which the company approved.	
No.11	(Planned) date of reinstatement	Mark check (✓) on "□Scheduled to return to work" and provide the schedule return date if the applicant worker is scheduled to return to work. Mark check (✓) on "□Returned to work" and provide the return date if he/she has returned from the childcare leave etc. which he/she took within the past 1 year.	
No.12	Availing the shortened working hour system for childcare	Mark check (✓) on "□Scheduled to acquire" or "□Acquiring" if the applicant worker is using the shortened working hour system for childcare. No need to fill up if he/she is not going to use it. Provide the period / planned period of availing the system and main working hours (working hours after changing the work schedule).	
No.13	Whether or not you actually work as a childcare worker, etc.	Mark check (✓) on either "□Yes", "□Yes (Scheduled)" or "□No".	
No.14	(Employment Contract) Possibility of Renewal after expiration	In case of fixed-term employment contract Please check in the fields, □Yes, □Yes(in schedule), □No, □Undecided	
No.15	Possibility of shortening of child care leave after enrollment	Please check in the fields, □Possible, □Possible(in schedule), □Not possible No entry required if not applicable	
No.16	Possibility of extension of Child-care leave	Please check in the fields, □Possible, □Possible(in schedule), □Not possible No entry required if not applicable	
No.17	Length of single person work relocation (including expected schedule)	If you have a period of assignment, please state that period. No entry required if not applicable.	
No.18	Remarks column	Provide other special remarks if any.	
No.19	Parent/guardian entry field	Please fill in No.19 by the guardian themselves	