

Certificate of Employment (Offer of Employment)

Year

Month

Date

Office name _____

Certifier _____ Seal

(Name of contact person : _____ Phone : _____)

I certify that the below mentioned person is/will be our employee. ☐ Please check the box.

Name	
Job Title	
Date of Employment	<div style="display: flex; justify-content: space-between;"> <div> _____ Year </div> <div> _____ Month </div> <div> _____ Date </div> </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Employment • <input type="checkbox"/> Preliminary offer </div>
Employment Type / Work Pattern	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Self-employment <input type="checkbox"/> Telework <input type="checkbox"/> Other (_____)
Term of Employment	<input type="checkbox"/> Non-Fixed <input type="checkbox"/> Fixed : until _____ _____ _____ Renewal of Contract : <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="display: flex; justify-content: space-around; font-size: small;"> Year Month Date </div>
Job Description	<input type="checkbox"/> Education <input type="checkbox"/> Research <input type="checkbox"/> Administrative <input type="checkbox"/> Other (_____)
Number of Working Days	Working _____ days per month holidays: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> National holidays If the holidays are irregular: _____ days per month
Working Hours, etc.	<div style="border-bottom: 1px dashed black; padding-bottom: 5px;"> <input type="checkbox"/> Fixed working hours Day of week: From _____ : _____ to _____ : _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Hour Minute Hour Minute </div> Break time: _____ minutes Working hours per week (excluding breaks): _____ hours </div> <div style="border-bottom: 1px dashed black; padding-bottom: 5px;"> <input type="checkbox"/> Flexible working hours Hours deemed by labor-management agreement: _____ hours _____ minutes per day </div> <div style="border-bottom: 1px dashed black; padding-bottom: 5px;"> <input type="checkbox"/> Other cases Working hours per week (excluding breaks): _____ hours </div>
Term of Maternity Leave (Before/After Delivery)	From _____ to _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Year Month Date Year Month Date </div>
Term of Parental Leave	From _____ to _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Year Month Date Year Month Date </div>

※ This certificate is to be used for nursery school admission (continuation) paperwork.

※ **The items in the bold frame must be filled in by the employer.**

If any corrections are to be made, please affix a correction seal.

※ Do not use erasable ballpoint pens, correction pens, or correction tape.

Parent/Guardian Form (The following must be completed by the parent/guardian.)

Address • Phone	ZIP code _____ Address: _____	Phone: _____
Nursery	Hongo / Shirokane / Komaba / Kashiwa	
Name of Child	(Furigana: _____)	
Name of Child	(Furigana: _____)	