

# 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	_____ Year      _____ Month      _____ Date      ( <input type="checkbox"/> Employment      • <input type="checkbox"/> Preliminary offer)
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 _____ Year      _____ Month      _____ Date      Renewal of Contract : <input type="checkbox"/> Yes <input type="checkbox"/> No
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.	<input type="checkbox"/> Fixed working hours Day of week: From _____ : _____ to _____ : _____ Hour      Minute      Hour      Minute Break time: _____ minutes Working hours per week (excluding breaks): _____ hours
	<input type="checkbox"/> Flexible working hours Hours deemed by labor-management agreement: _____ hours _____ minutes per day
	<input type="checkbox"/> Other cases Working hours per week (excluding breaks): _____ hours
Term of Maternity Leave (Before/After Delivery)	From _____ Year      _____ Month      _____ Date to _____ Year      _____ Month      _____ Date
Term of Parental Leave	From _____ Year      _____ Month      _____ Date to _____ Year      _____ Month      _____ Date

※ 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: _____ )	