**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 （□Employment　・　□Preliminary offer） |
| Employment Type/ Work Pattern | □Full-time　□Part-time　　□Temporary　　□Self-employment　□Telework □Other（　　　　　　　　　　　　　　） |
| Term of Employment | □Non-Fixed□Fixed : until \_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_ \_\_\_\_ Renewal of Contract : □Yes □No Year Month Date |
| Job Description | □Education　　□Research　　□Administrative　　□Other（　　　　　　　　） |
| Number of Working Days | Working days per monthholidays: □Monday □Tuesday □Wednesday □Thursday □Friday　□Saturday □Sunday □National holidaysIf the holidays are irregular: days per month |
| Working Hours, etc. | □Fixed working hours Day of week: From : to :  Hour Minute Hour Minute Break time: minutesWorking hours per week (excluding breaks): hours |
| □Flexible working hoursHours deemed by labor-management agreement: hours minutes per day |
| □Other cases　Working hours per week (excluding breaks): hours |
| Term of Maternity Leave(Before/After Delivery) | From \_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_ \_\_\_\_ to \_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_ \_\_\_\_ Year Month Date Year Month Date |
| Term of Parental Leave | From \_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_ \_\_\_\_ to \_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_ \_\_\_ \_\_\_\_ Year Month Date 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:　　　 　　 )　 |