**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 month  holidays: □Monday □Tuesday □Wednesday □Thursday □Friday  □Saturday □Sunday □National holidays  If the holidays are irregular: days per month |
| Working Hours, etc. | □Fixed working hours  Day of week:  From : to :  Hour Minute Hour Minute  Break time: minutes  Working hours per week (excluding breaks): hours |
| □Flexible working hours  Hours 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:　　　 　　 ) | |