

Work Certificate

To: Mayor of Setagaya City

Certified date	YYYY	MM	DD
Name of Business			
Name of Representative			
Address			
Telephone No.	—	—	
Person in charge			
Contact to the above	—	—	

The following statements are certified as facts.

*If you create or alter the contents of this certificate without permission from the employer may be charged with a criminal offense.

No.	Item	Description																								
1	Industry	☐ Agriculture/forestry ☐ Fishery ☐ Mining/quarrying/gravel extraction ☐ Construction ☐ Manufacturing ☐ Electricity/gas/heat supply/water supply ☐ Telecommunication ☐ Transportation/postal ☐ Wholesale/retail ☐ Finance/insurance ☐ Real estate/goods rental ☐ Scientific research/specialized and technical serv ☐ Accommodation/food service ☐ Life-related service/entertainment ☐ Medical/welfare ☐ Education/learning suppor ☐ Integrated service ☐ Government service ☐ Other ()																								
2	(Kana reading)																									
	Name											Birth date	YYYY	MM	DD											
3	Employment (planned) term, etc.	☐ Permanent ☐ Fixed	Term (In the case of "Permanent", only the commencement date of employment)				YYYY	MM	DD	~	YYYY	MM	DD													
4	Place of Employment	Name																								
		Address																								
5	Employment Type	☐ Permanent employe ☐ Part-time worker ☐ Dispatched worker ☐ Contract work ☐ Fiscal-year appointment staff ☐ Non-regular/temporary staff ☐ Executives ☐ Self-employed ☐ Employee of Self-employed business ☐ Employee of Family business ☐ Homework ☐ Entrustment ☐ Other ()																								
6	Working Hours (For fixed work)	Mon	Tue	Wed	Thu	Fri	Sat	Sun	National holiday	Total hours	Per Month	hours	Minutes	(Breaktime)	Minutes											
		☐	☐	☐	☐	☐	☐	☐	☐																	
		Working days per month				For a month				days	Working days per week		Per week			days										
		Weekdays				Hour		Minutes		~	Hour		Minutes		(Break	Minutes)										
		Saturdays				Hour		Minutes		~	Hour		Minutes		(Break	Minutes)										
		Sundays/holidays				Hour		Minutes		~	Hour		Minutes		(Break	Minutes)										
	Working Hours (For irregular work)	Total hours		☐ Per month ☐ Per week		hours		minutes		(Break	Minutes)															
		Working days		☐ Per month ☐ Per week		days																				
		Main working period/shift period		Hour		Minutes		~	Hour		Minutes		(Break	Minutes)												
7	Actual record of working *The number of days includes paid holidays, and the number of hours includes breaks and overtime hours.	Month/year	Month			Year			Month/year	Month			Year			Month/year	Month			Year						
		Days/month			Hours/month			Days/month			Hours/month			Days/month			Hours/month									
8	Maternity Leave before and after childbirth * Including planned acquisition	☐ Planned ☐ Under acquisition																								
		Term	YYYY			MM			DD			~	YYYY			MM			DD							
9	Parental Leave * Including planned acquisition	☐ Planned ☐ Under acquisition ☐ Acquired																								
		Term	YYYY			MM			DD			~	YYYY			MM			DD							
10	Leave other than Maternity/Parental	☐ Planned ☐ Under acquisition ☐ Acquired							Reason	☐ Nursing ☐ Illness ☐ Other ()																
		Term	YYYY			MM			DD			~	YYYY			MM			DD							
11	(Planned) Date of Return to Work	☐ Plan to return ☐ Returned		Month			Day			Year																
12	Use of shorter working hours for childcare * Including planned acquisition	☐ Planned ☐ Under acquisition					Term	YYYY			MM			DD			~	YYYY			MM			DD		
		Main working period/shift period		Hour		Minutes		~	Hour		Minutes		(Break	Minutes)												
13	Presence or absence of work as a Nursery Teacher, etc.	☐ Yes ☐ Yes (planned) ☐ No																								
14	Existence of the employment contract renewal after expiration	☐ Yes ☐ Yes (planned) ☐ No ☐ Undetermined																								
15	Possibility of shortening maternity leave upon provisional enrollment determination	☐ Possible ☐ Possible (planned) ☐ No																								
16	Possibility of maternity leave extension	☐ Possible ☐ Possible (planned) ☐ No																								
17	Period of residing away from his/her family (including scheduled period)	YYYY			MM			DD			~	YYYY			MM			DD								
18	Comments	Employment insurance status		☐ Yes ☐ No		Shorter working hours for childcare * If No.12 is applicable					Working days after the change		Week		Day											
19	For Parent/Guardian Use	Name of the child			Birth Date			Name of the facility			☐ Currently using ☐ Currently applying (first preference)															
					YYYY MM DD																					
		Name of the child			Birth Date			Name of the facility			☐ Currently using ☐ Currently applying (first preference)															
					YYYY MM DD																					
		Name of the child			Birth Date			Name of the facility			☐ Currently using ☐ Currently applying (first preference)															
					YYYY MM DD																					

<Important Notes for the Work Certificate>

* If any information in this certificate is found to be false, the application will be invalidated or an offer of enrollment will be withdrawn.
* If you make an error while filling in the form, cross it out with a double line and write in the correct information.

Name of Business	• Please state the name of the company, organization, or entity responsible for issuing this certificate. • For dispatched (temp agency) workers, either the dispatching agency or the client company may issue this certificate, as long as they are aware of the employee's working conditions. • If you are a sole proprietor, please state the name of your business.
Name of Representative	• Please state the name of the corporate representative or sole proprietor.
Address	• Please state the address of the business issuing this certificate, not the address of the place of employment.
Contact Person / Preparer's Contact Information	• Please state the name and telephone number of the person to contact for administrative inquiries from the city regarding the contents of this certificate.
No.3 Employment (Planned) Term, etc.	• If the terms of the contract are scheduled to change, please enter the end date of the current contract as the end date. For fixed-term employment, please also complete No. 14.
No.4 Employee's Place of Employment	• If this differs from the business name and address stated in the upper right section, please state the name and address of the workplace where the employee actually works. • If the employee actually works at more than one location, please state the address of the main place of employment. • If there is no fixed place of employment, please state the location where the employee is primarily based while working, such as their home.
No.5 Employment Type	• For self-employed persons, please check "Self-employed," "Employee of Self-employed business," or "Employee of Family business," whichever applies. (If the guardian, or a relative of the guardian within the third degree of kinship, is the representative, this is treated as self-employment.) • If "Contract work," etc. applies to the employee and the employee also falls under "Fiscal-year appointment staff," please check "Fiscal-year appointment staff." • If the employee is a non-regular or temporary staff member who does not fall under "Part-time worker," "Dispatched worker," "Contract work," or "Fiscal-year appointment staff," please check "Non-regular/temporary staff." • If none of the listed employment types applies, please check "Other" and briefly describe the employment type.
No.6 Working Hours (For Fixed Work)	• Please state the working hours and working days under the employment contract, not the actual hours/days worked. Even if the employee is working reduced hours for childcare, please state the working hours/days that applied before the reduced hours began. • Please include break time in the number of working hours (limited to breaks specified in the work rules, etc.). • For night shifts or other work that spans across midnight, please state the time on a scale of 0:00 to 29:00. (Example: For work from 22:00 to 5:00 the following morning, state "22:00–29:00.")
No.6 Working Hours (For Irregular Work)	• For employees whose daily working hours are not fixed, please state the working hours and number of working days specified in the employment contract. • Please state the total monthly or weekly working hours and number of working days. • Please state the working hours and working days under the employment contract, not the actual hours/days worked. Even if the employee is working reduced hours for childcare, please state the working hours and days that applied before the reduced hours began. • For the main working hours or shift hours, please state the hours the employee is most likely to work (the most frequently worked hours). • Even if the employment contract does not specify core hours, etc., please state the most typical expected working hours. • Please include break time in the number of working hours (limited to breaks specified in the work rules, etc.). • For night shifts or other work that spans across midnight, please state the time on a scale of 0:00 to 29:00. (Example: For work from 22:00 to 5:00 the following morning, state "22:00–29:00.")
No.7 Actual Record of Working * The number of days includes paid leave, and the number of hours includes breaks and overtime	• Please state the working days and working hours per month for each of the most recent three months. If there is no full month of work during the most recent three months due to childcare leave, etc., please state the working record from before the leave began (excluding months in which maternity/childcare leave, etc. was taken). • Please list the entries starting from the most recent year/month (Example: June 20XX, May 20XX, April 20XX). • Days on which paid leave was taken should be included in the number of working days. • Working hours corresponding to paid leave, and overtime hours, should be included in the number of working hours. • Please include break time in the number of working hours (limited to break time specified in the work rules, etc.). • If the employee is working reduced hours for childcare, etc., please state the actual hours/days worked under the reduced-hours arrangement in the relevant month.
No.8 Maternity Leave Before and After Childbirth * Including planned leave	• This includes not only statutory maternity leave, but also leave taken under the company's own work rules, etc. • Even if the end date has not been finalized, please state the planned end date.
No.9 Parental Leave * Including planned leave	• This includes not only statutory parental leave, but also leave taken under the company's own work rules, etc. • Even if the end date has not been finalized, please state the planned end date. • If the leave has already been taken, please state the actual period taken. • If more than one applies, please state whichever is closest to the employee's status as of the date of certification, and state the others in the Comments field.
No.10 Leave Other Than Maternity/Parental Leave * Including planned leave	
No.12 Use of Shorter Working Hours System for Childcare * Including planned use	• Please check this box if the employee plans to work, or is working, reduced hours for childcare—that is, shorter hours than the normal working hours under the work rules (as stated in No.6). • Please state the (planned) period of reduced working hours and the main working hours during that period (the working hours after the change in work arrangement). • Please state the working hours before the reduced working hours begin in No.6, and the working hours after they begin in No.12. • Please state the number of working days after the change in the Comments field of No.18.
No.18 Comments	• Please check the status of enrollment in employment insurance. • If, due to special clock-in/clock-out arrangements, etc., the employee is required to be at work outside the working hours stated in No.6, please provide details in this field. • If additional information is needed regarding parental leave taken under No.9 or leave taken under No.10 other than maternity/parental leave, please provide the information in this field. • If the employee is using the shorter working hours system for childcare under No.12, please state the number of working days after the change.