

Certificate of Employment (就労証明書 *Shuro Shomeisho*)

Addressed to the Mayor of Tsukuba City

Date of certification: / / (yyyy/mm/dd)

Name of business

Name of representative:

Location:

Phone: — —

Contact person:

Contact number: — —

I hereby certify that the information provided in this form is true and correct.

N.B. If an employee creates or alters this certificate without the permission of his/her employer, he/she may be liable to prosecution under the Criminal Code.

No.	Items	To be filled out by the employer								
1	Type of industry	<input type="checkbox"/> Agriculture <input type="checkbox"/> Fishery <input type="checkbox"/> Mining, quarrying and gravel extraction <input type="checkbox"/> Construction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Electricity, gas, heat supply, water supply <input type="checkbox"/> Information and communication <input type="checkbox"/> Transportation, logistics and postal services <input type="checkbox"/> Wholesale and retail <input type="checkbox"/> Finance and insurance <input type="checkbox"/> Real estate/Rental business <input type="checkbox"/> Academic research, professional and technical services <input type="checkbox"/> Accommodation/Food and beverage services <input type="checkbox"/> Life-style related services/Entertainmen <input type="checkbox"/> Medicine/Welfare <input type="checkbox"/> Education and learning support <input type="checkbox"/> Business offering several different services <input type="checkbox"/> Public service <input type="checkbox"/> Other ()								
2	Name in <i>Katakana</i> Employee's full name					Date of birth				
3	(Scheduled) period of employment	<input type="checkbox"/> Permanent <input type="checkbox"/> Fixed-term	Period (For permanent employment, fill in the date of employment only.)		/	/	-	/	/	yyyy/mm/dd
4	Employee's workplace	Name of workplace								
		Address								
5	Type of employment	<input type="checkbox"/> Permanent employee <input type="checkbox"/> Part-timer <input type="checkbox"/> Employee from a temp agency <input type="checkbox"/> Contract employee <input type="checkbox"/> Executive <input type="checkbox"/> Contract employee of a local government <input type="checkbox"/> Non-permanent employee <input type="checkbox"/> Self-employed <input type="checkbox"/> Employee of family business <input type="checkbox"/> Individual helping family business <input type="checkbox"/> Individual doing piecework at home <input type="checkbox"/> Individual working on an outsourcing agreement <input type="checkbox"/> Other ()								
6	Working hours (Fixed working hours)	<input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thu. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> National holiday		Total hours	Per month		hours		minutes per month	
		Number of monthly working days		days per month		Number of weekly working days		Per week		days per week
		Weekday		:	-	:	(Of which break time is:		minutes)	
		Saturday		:	-	:	(Of which break time is:		minutes)	
		Sun. and holiday		:	-	:	(Of which break time is:		minutes)	
	Working hours (Irregular working hours)	Total number of hours		hours		minutes		(Of which break time is:		minutes)
		Number of working days		days						
		Main working hours		:	-	:	(Of which break time is:		minutes)	
7	Record of working hours (Include paid holidays in the number of working days, and break time and over time in the number of working hours.)	Year and month	/	yyyy/mm	Year and month	/	yyyy/mm	Year and month	/	yyyy/mm
		Days per month	Hours per month		Days per month	Hours per month		Days per month	Hours per month	
8	Has the employee taken or will take a maternity leave before and after childbirth?	<input type="checkbox"/> Yes, she will. <input type="checkbox"/> Yes, she currently is.								
		Period	yyyy	mm	dd	-	yyyy	mm	dd	
9	Has the employee taken or will take a parental leave?	<input type="checkbox"/> Yes, he/she will. <input type="checkbox"/> Yes, he/she currently is. <input type="checkbox"/> Yes, he/she already has.								
		Period	/	/	-	/	/	yyyy/mm/dd		
10	Has the employee taken or will take a leave other than a maternity and/or parental leave?	<input type="checkbox"/> Yes, he/she will. <input type="checkbox"/> Yes, he/she currently is. <input type="checkbox"/> Yes, he/she already has.								
		Purpose	<input type="checkbox"/> Caregiving leave <input type="checkbox"/> Sick leave <input type="checkbox"/> Other ()							
		Period	/	/	-	/	/	yyyy/mm/dd		
11	Has the employee returned or will return to work?	<input type="checkbox"/> Yes, he/she will <input type="checkbox"/> Yes, he/she already has.								
				/	/			yyyy/mm/dd		
12	Has the employee taken or will take shorter working hours to take care of his/her child?	<input type="checkbox"/> Yes, he/she will <input type="checkbox"/> Yes, he/she currently is.								
		Main working hours		-	(Of which break time is		minutes)			
13	Is the employee working or will work as a childcare worker?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, he/she will. <input type="checkbox"/> No								
14	Notes									