

# 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/Entertainment <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.	Total hours	Per month		hours        minutes per month	
		<input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> National holiday		(Of which break time:        minutes)			
		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	/	Year and month	/	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.					
		Period	/	/	-	/	/        yyyy/mm/dd
		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						