

# 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. <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.		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	(Employment Contract) Renewal of contract after the completion	<input type="checkbox"/> renewal <input type="checkbox"/> renewal(Scheduled) <input type="checkbox"/> no renewal <input type="checkbox"/> TBD									
15	availability of childcare leave shortening when approved	<input type="checkbox"/> Yes <input type="checkbox"/> Yes(scheduled) <input type="checkbox"/> No									
16	availability of childcare leave Extension	<input type="checkbox"/> Yes <input type="checkbox"/> Yes(scheduled) <input type="checkbox"/> No									
17	working and living away from home (including to be scheduled to)	/ / - / /    yyyy/mm/dd									
18	Remarks										
19	Below should be filled out by parent/guardian;	Child's name		Date of birth		Name of daycare center		<input type="checkbox"/> Attending <input type="checkbox"/> Applying (first choice)			
		Child's name		Date of birth		Name of daycare center		<input type="checkbox"/> Attending <input type="checkbox"/> Applying (first choice)			
		Child's name		Date of birth		Name of daycare center		<input type="checkbox"/> Attending <input type="checkbox"/> Applying (first choice)			