令和3年度採用者用

Certificate of Employment

A 官公庁・公立学校
B 官公庁・公立学校以外 共

Name of Employee				Date of Birth	
Employment period	Job title	Type of Employment (See instruction 3)	Wages	Social insurance contribution by employer	Name of Department / Job description
From (month-day-year) To (month-day-year)		Regular employment Other (full-time) Other (part-time)	Monthly salary Daily wage Hourly wage	Yes No	
From (month-day-year) To (month-day-year)		Regular employment Other (full-time) Other (part-time)	Monthly salary Daily wage Hourly wage	Yes No	
From (month-day-year) To (month-day-year)		Regular employment Other (full-time) Other (part-time)	Monthly salary Daily wage Hourly wage	Yes No	
Remarks					

Proves as above.

Date of Issue
(The date of certification needs to be later than the above date.)

Address

Name of Organization / Company

Signature of Employer with Job title (Person who has the authority to make the decision on employment)

Person in charge
E-mail

<Instructions>

1. Please fill in all of the items.
2. Please fill in the "Job title" column referring to employment contracts, etc.
3. Please circle the appropriate one in the "Type of employment" column.
   "Other (full-time)" means a non-regular employee who works hours equivalent to a regular employee.
   "Other (part-time)" means a non-regular employee that does not fall into "Other (full-time)".
4. Please circle the appropriate one in the "Wages" column.
5. In the case of that you are a teacher, please refer to the type of school(s)・subject(s) you have taught under "Job description."
6. **This certification must be proved by the person who has the authority to make the decision on employment, such as a president.**
7. In the case of change (name of company etc.), please fill the date and name after change in the "Remarks" column.

（注）【採用者向け】この証明書に加えて、和訳も提出すること。