Format No. 2 (in connection with Article 3)

Certificate of Employment (Standard Format for Large Cities)

To: Director General, Welfare Office, Minato City Hall

①Name of Company Issuing the Certificate	
②Address of Company Issuing the Certificate	
③Name of Person Responsible for Issuance of the Certificate	
④Title of Person Responsible for Issuance of the Certificate	
⑤Seal	

⑥Date		YY		MM		DD
⑦Contact about description	Dept. in charge					
	Name of personal in charge					
	Tel. no.					
	Mail address					

I certify that the following information is true. (Only the information the issuer knows as at the date of certification.)

No.	Item	Entry Field		
1	Reading		Employee No.	
	Name of Applicant			
	Address of Applicant			

Items about the applicant's working conditions and the employer (including the expected employer)

2	Working Condition/Plan	Current Working Conditions	1. Currently working 2. During maternity/child care leave 3. Expected to work (including persons whose job change is preliminary decided) 4. Other ( )				
		Transfer without family ※Including the plan	1. No 2. Yes		Transfer period	A.D. YY MM DD ～ YY MM DD	
3	Name of Company as Main Workplace ※Enter if different from ①				Main Workplace	1. At home 2. Out of home	
4	Address of Company as Main Workplace ※Enter if different from ②						

Agreement with the applicant (the agreement about working including the employment agreement)/Items about the contents of the working rules

※Enter the matters about the contents of the employment agreement and the working rules rather than the actual working hours or the amount of paid

5	Wage system/amount	Wage system ※Amount of wage excluding lump sum bonus and commuting benefit (Amount before deduction of tax, social insurance premium etc.)	1. Annual wage 2. Monthly wage 3. Daily wage 4. Hourly wage 5. Other (Commission etc.)		Amount (yen)	
6	Work type	Officers/Self-employed	1. Officer (Director/Auditor of Company, Director of Corporation) 2. Self-employed (Small business owner)			
		Employee	3. Regular staff/employee 4. Worker dispatched by a worker dispatching office 5. Contract employee/temporary employee 6. Part time worker			
		Other	7. Worker from home 8. Family business worker 9. Other ( )			
	Working type	1. Fixed working hours system 2. Modified working hours system 3. Flex-time system 4. De facto working hours system for labor outside the workplace 5.Discretionary work system 6. Other ( )				
7	Working hours ※Including break	MM	Hrs. Min.	No. of working days	MM	DD
		DD	Hrs. Min.	(Included break time)	Min.	
8	Working time zone ※ In case of the flex time system and the discretionary work system, enter the standard working time range of hours.	Weekday	Hr. Min. to Hr. Min.			
		Saturday	Hr. Min. to Hr. Min.			
		Sunday	Hr. Min. to Hr. Min.			
9	Working day	1. Mon. 2. Tue.3. Wed. 4. Thu. 5. Fri. 6. Sat. 7. Sun. 8. Holiday 9. Indefinite				
10	Contract period ※ Enter the (expected) date to start work rather than the date to conclude the contract. ※ In case of a fixed-term contract, enter the ending time.	(In case of a fixed-term contract) Whether renewal of the contract is available or not.	1. Yes 2. No			
		Date of starting work (Date of starting work such as the date of entering the company)			The contract expiration date ※Enter in case of a fixed-term contract.	
		A.D. YY MM DD ～	A.D. YY MM DD			

※To be continued to the second page (back).

Items about the applicant's working results.

※Enter the "actual results" of working hours and paid amount rather than the contractual/regulatory hours/amount of money.

11	Latest Working Results	Year/Month	i A.D. YY MM	ii A.D. YY MM	iii A.D. YY MM
		No. of working days ※Including the number of paid leave days	DD	DD	DD
		Working hours ※Including break.	Hrs. Min.	Hrs. Min.	Hrs. Min.
		Overtime	Hrs. Min.	Hrs. Min.	Hrs. Min.
		Wage payment results ※Amount of wage excluding the lump sum bonus and commuting benefit (Amount before deduction of tax, social insurance premium etc.)	yen	yen	yen
		Year/Month	iv A.D. YY MM	v A.D. YY MM	vi A.D. YY MM
		No. of working days ※Including the number of paid leave days	DD	DD	DD
		Working hours ※Including break.	Hrs. Min.	Hrs. Min.	Hrs. Min.
		Overtime	Hrs. Min.	Hrs. Min.	Hrs. Min.
		Wage payment results ※Amount of wage excluding lump sum bonus and commuting benefit (Amount before deduction of tax, social insurance premium etc.)	yen	yen	yen

Items about child care leave/short working hours system

12	(Expected) acquired period of maternity leave	A.D.	YY	MM	DD	to	A.D.	YY	MM	DD						
13	(Expected) acquired period of child-care leave	A.D.	YY	MM	DD	to	A.D.	YY	MM	DD						
14	Expected date of reinstation ※For only those who are in the maternity/child care leave in the issuing company	A.D.	YY	MM	DD	Whether shortening of child care leave is available or not in case that enrollment is preliminarily permitted.	1. Yes 2. No									
15	Expected use of short working hours system and working hours during that period ※Enter the (expected) use time and working hours during that period only when the applicant will use the system.	Expected use of short working hours system after enrollment	1. Yes 2. No			Expected date of termination of use of short working hours system	A.D.	YY	MM	DD						
		Working hour zone during the period when the system is (expectedly) used.	Weekday	Hr.	Min.	to	Hr.	Min.	Included break	Min.						
			Saturday	Hr.	Min.	to	Hr.	Min.	Included break	Min.						
			Sunday	Hr.	Min.	to	Hr.	Min.	Included break	Min.						

Whether there is actual work as nursery school teacher (nursery school teacher, kindergarten teacher or child care teacher)

16	Whether there is actual work as nursery school teacher	1. Yes 2. No
Remarks		

※The format and entry instructions for the certificate of employment can be downloaded from the website of Minato City (http://www.city.minato.tokyo.jp/) .

The "Certificate of Employment" can be prepared on Mynaportal.

The parent or guardian is requested to fill out the below columns.

Name of the child		Date of birth	YY MM DD
☐New application ☐Being enrolled ※Check either.		Nursery school to which the child is enrolled	

※The employer or business owner is requested to fill out. If some correction is needed, stamp the correction seal.

※This is an important document for admission/continuation. Please fill it out accurately. If there are any uncertain items, we may contact the personnel in charge of entry.

※If work is irregular, fill out the column for special report or provide the attachment.

※If false information is found in the reported matters, the application becomes invalid. (The enrolled child is withdrawn from the school.)

※If the applicant is working after being registered as a dispatched worker, the certificate of employment prepared by the workplace may be required.

※An example is on the Minato City website. Please refer to it.

※Contact: Health and Welfare Subsection, Residents Support Section, Regional City Office

Tel: Shiba （3578）3161, Azabu （5114）8822, Akasaka（5413）7276, Takanawa（5421）7085, Shibaura Konan （6400）0022