Certificate of Employment

To the Mayor of Okinawa City

Certificate date	YYYY MM DD
Office name	
Representative	
Address	
Telephone number	— —
Contact person	
Telephone number of the person who completed this form	— —

I certify that the following information is true and correct.
Note: If you prepare this certificate or alter the contents without the permission of your employer, you may be charged with a criminal offense.

No.	Item	Entry column
1	Business type	☐ Agriculture / Forestry ☐ Fishing ☐ Mining / Quarrying / Gravel extraction ☐ Construction ☐ Manufacturing ☐ Electricity / Gas / Heat supply / Water supply ☐ Information and Communication ☐ Transportation / Postal services ☐ Wholesale / Retail ☐ Finance / Insurance ☐ Real estate / Rental and leasing business ☐ Academic research / Professional /Technical services ☐ Lodging / Food services ☐ Lifestyle-related services / Entertainment ☐ Medical care / Welfare ☐ Education / Learning Support ☐ Compound services ☐ Public service ☐ Other ( )
2	Furigana / Applicant name	Date of birth: YYYY MM DD
3	Employment (planned) period, etc.	☐ Indefinite term ☐ Fixed term — Employment period (for indefinite term, only enter the date of commencement of employment) YYYY MM DD to YYYY MM DD
4	Workplace of applicant	Name / Address
5	Form of employment	☐ Full-time employee ☐ Part-time employee ☐ Dispatch agency employee ☐ Contract employee ☐ Single fiscal year contract staff ☐ Part-time and temporary staff ☐ Executive officer ☐ Self-employed ☐ Full-time family employee ☐ Family employee ☐ Home-based work ☐ Outsourcing ☐ Other ( )
6	Working hours (for fixed work)	Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun ☐ National / Publicholidays ☐ — Total hours — Monthly Hours Mins (including min. of break time) Working days per month — Monthly Days — Working days per week — Weekly Days Weekdays : to : (including min. of break time) Saturdays : to : (including min. of break time) Sundays and national holidays : to : (including min. of break time)
	Working hours (for irregular work)	Total hours ☐ per month ☐ per week : (including min. of break time) Working days ☐ per month ☐ per week days Main working hours /shift hours : to : (including min. of break time)
7	Work record Note: Number of days includes paid leave and number of hours includes breaks and overtime hours.	Year/Month YYYY MM — days per month — hours per month Year/Month YYYY MM — days per month — hours per month Year/Month YYYY MM — days per month — hours per month
8	Acquisition of maternity leave (including planned acquisitions)	☐ Scheduled to take ☐ Currently taking Period YYYY MM DD to YYYY MM DD
9	Childcare leave (including planned acquisitions)	☐ Scheduled to take ☐ Currently taking ☐ Already taken Period YYYY MM DD to YYYY MM DD
10	Leave other than maternity or childcare leave	☐ Scheduled to take ☐ Currently taking ☐ Already taken — Reason ☐ Nursing care leave ☐ Sick leave ☐ Other ( ) Period YYYY MM DD to YYYY MM DD
11	Date of (planned) return to work	☐ Return planned ☐ Returned YYYY MM DD
12	Use of shortened working hours for childcare (including planned use)	☐ Scheduled to use ☐ Currently using — Period YYYY MM DD YYYY MM DD Main working hours/shift hours : to : (including min. of break time)
13	Work experience as a childcare worker, etc	☐ Yes ☐ Yes (planned) ☐ No
14	Employment will be renewed after expiration?	☐ Yes ☐ Yes (planned) ☐ No ☐ Not decided yet
15	Possibility of shortening childcare leave upon admission to a childcare	☐ Yes ☐ Yes (planned) ☐ No
16	Possibility of extending childcare leave	☐ Yes ☐ Yes (planned) ☐ No
17	Period of living apart from one's family due to work	YYYY MM DD to YYYY MM DD
18	Remarks	
19	To be completed by the parent or guardian	Child's name / Date of birth (YYYY MM DD) / Name of facility / ☐ Currently using ☐ Application submitted (first choice) Child's name / Date of birth (YYYY MM DD) / Name of facility / ☐ Currently using ☐ Application submitted (first choice) Child's name / Date of birth (YYYY MM DD) / Name of facility / ☐ Currently using ☐ Application submitted (first choice)

Complete items 8-18 only if applicable.