Example of how to fill out the form

【For Employees】

This must be filled out by the designated person at your workplace. Forms filled out by the applicant themselves are invalid.

【self-employed】

Please attach a copy of one of the following documents:
☐ Notification of Business Commencement / Business License
☐ Certificate issued by a Chamber of Commerce and Industry, trade association, etc.
☐ Most recent income tax return (Page showing the breakdown of income and expenses)

Certificate of Employment

To the Mayor of Okinawa City

※ If there are any omissions or unclear points, we may contact your employer for

※ To make a correction: Draw a double line through the part to be corrected and write the correct information. Do not use

【To the person in charge】 Please fill in all fields.

Certificate date	2026 YYYY 10 MM 1 DD
Office name	○○ Co., Ltd.
Representative	○○ ○○
Address	1-1-1 □□□, Okinawa City
Telephone number	098 — △△△ — △△△△
Contact person	■■ ■■■
Telephone number of the person who completed this form	098 — △△△ — △△△△

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.

Complete items 8-18 only if applicable.

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	○○ ○○ — Date of birth
	Applicant name	○○ ○○ — ○○○○ 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) 2026 YYYY 4 MM 1 DD to 2027 YYYY 3 MM 31 DD
4	Workplace of applicant	Name: ○○ Co., Ltd., ○○ Branch
5	Form of employment	☐ Regular employee ☐ Part-time worker ☐ 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 180 Hours 0 Mins (including min. of break time) — Working days per month: Monthly Days — Working days per week: Weekly Days — Weekdays : to : — Saturdays : to : — Sundays and national holidays : to :
	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 : 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 2026 YYYY 9 MM: 18 days per month 162 hours per month — Year/Month 2026 YYYY 8 MM: 19 days per month 171 hours per month — Year/Month 2026 YYYY 7 MM: 20 days per month 180 hours per month
8	Acquisition of maternity leave (including planned acquisitions)	☐ Scheduled to take ☐ Currently taking — Period YYYY MM DD to YYYY
9	Childcare leave (including planned acquisitions)	☐ Scheduled to take ☑ Currently taking ☐ Already taken — Period 2026 YYYY 4 MM 1 DD to 2027 YYYY 3 MM 31 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
11	Date of (planned) return to work	☑ Return planned ☐ Returned 2027 YYYY 4 MM 1 DD
12	Use of shortened working hours for childcare (including planned use)	hours
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 facility	☐ 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	Examples: Ordering products, stocking shelves, accounting, etc.
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)

Please be sure to enter the employment start date.

If your working hours vary due to shift work or similar arrangements, please enter your average working

Please enter the monthly working hours (including breaks) based on the employment contract.

Please enter your employment record for the past three months.

If you are currently taking childcare leave, please fill this in.

If the (planned) employment period is "fixed-term," please check the box for item 14 regarding whether the contract will be renewed upon expiration.

If you are self-employed, please provide specific details regarding the nature of your business in section 18 (Remarks).