

## Work Certificate

To Mayor of Yomitan Village

Date of certification	In A.D	Year	Month	Day
Office Name				
Name of Representative				
Address				
TEL	—		—	
Name of the person in-charge				
Contact information of the person in-charge	—		—	

I hereby certify that the following information is true.

If you make or alter the contents of this certificate without the permission of the business or other entity where you work, you may be charged with a crime under criminal law.

No.	List	Description																																																						
1	Type of Business	<input type="checkbox"/> Agriculture and forestry <input type="checkbox"/> Fishing <input type="checkbox"/> Mining, quarrying, and gravel extraction <input type="checkbox"/> Construction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Electricity, gas, heat supply, and water supply <input type="checkbox"/> Information and Communication <input type="checkbox"/> Transportation and Postal Services <input type="checkbox"/> Wholesale and retail trade <input type="checkbox"/> Finance and insurance <input type="checkbox"/> Real estate and property rental <input type="checkbox"/> Academic research and professional <input type="checkbox"/> Lodging and food services <input type="checkbox"/> Lifestyle-related services and entertainment <input type="checkbox"/> Medical care and welfare <input type="checkbox"/> technical services Education and Learning Support <input type="checkbox"/> Combined services <input type="checkbox"/> Public service <input type="checkbox"/> Others ( )																																																						
2	Name of the applicant	<table> <tr> <td colspan="2">Date of Birth</td> <td>Year</td> <td>Month</td> <td>Day</td> </tr> </table>	Date of Birth		Year	Month	Day																																																	
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3	Employment (planned) period, etc.	<input type="checkbox"/> Indefinite    Period (If indefinite, only start date of employment)    Year    Month    Day ~    Year    Month    Day <input type="checkbox"/> Fixed term																																																						
4	Company where the applicant works	<table> <tr> <td>Name</td> <td></td> </tr> <tr> <td>Address</td> <td></td> </tr> </table>	Name		Address																																																			
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5	Type of Employment	<input type="checkbox"/> Full-time Employee <input type="checkbox"/> Part-time Job <input type="checkbox"/> Temporary Employee <input type="checkbox"/> Contract Employee <input type="checkbox"/> Fiscal Year Contracted Staff <input type="checkbox"/> Part-time/Temporary Staff <input type="checkbox"/> Board Member <input type="checkbox"/> Self-employed Person <input type="checkbox"/> Self-employed Full-time Worker <input type="checkbox"/> Family Employee <input type="checkbox"/> Home Job <input type="checkbox"/> Subcontracting <input type="checkbox"/> Others ( )																																																						
6	Working hours (For fixed employment)	<table> <tr> <td>Mon</td><td>Tues</td><td>Wed</td><td>Thurs</td><td>Fri</td><td>Sat</td><td>Sun</td><td>Public holidays</td><td>Total hours</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Number of working days per month</td> <td colspan="2">Monthly</td> <td colspan="2">Day</td> <td>Number of working days per week</td> </tr> <tr> <td colspan="4">Weekdays</td> <td colspan="2">Hr.</td> <td colspan="2">Min</td> <td>~</td> </tr> <tr> <td colspan="4">Saturdays</td> <td colspan="2">Hr.</td> <td colspan="2">Min</td> <td>~</td> </tr> <tr> <td colspan="4">Sundays and Holidays</td> <td colspan="2">Hr.</td> <td colspan="2">Min</td> <td>~</td> </tr> </table>	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Public holidays	Total hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of working days per month				Monthly		Day		Number of working days per week	Weekdays				Hr.		Min		~	Saturdays				Hr.		Min		~	Sundays and Holidays				Hr.		Min		~
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	Working hours (in case of irregular work)	<table> <tr> <td>Total hours</td> <td><input type="checkbox"/> Monthly    <input type="checkbox"/> Week</td> <td>Hours</td> <td>Min</td> <td>Break time(</td> <td>minutes)</td> </tr> <tr> <td>Number of working days</td> <td><input type="checkbox"/> Monthly    <input type="checkbox"/> Week</td> <td colspan="4">Day</td> </tr> <tr> <td>Main working hours/shift hours</td> <td>Hr.</td> <td>Min</td> <td>~</td> <td>Hr.</td> <td>Min</td> </tr> </table>	Total hours	<input type="checkbox"/> Monthly <input type="checkbox"/> Week	Hours	Min	Break time(	minutes)	Number of working days	<input type="checkbox"/> Monthly <input type="checkbox"/> Week	Day				Main working hours/shift hours	Hr.	Min	~	Hr.	Min																																				
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7	Work record *Number of days includes paid vacation. Hours includes breaks and overtime	<table> <tr> <td>Year and Month</td> <td>Year</td> <td>Month</td> <td>Year and Month</td> <td>Year</td> <td>Month</td> <td>Year and Month</td> <td>Year</td> <td>Month</td> </tr> <tr> <td>Day/Month</td> <td>Hours/Month</td> <td>Day/Month</td> <td>Hours/Month</td> <td>Day/Month</td> <td>Hours/Month</td> <td>Day/Month</td> <td>Hours/Month</td> <td>Day/Month</td> </tr> </table>	Year and Month	Year	Month	Year and Month	Year	Month	Year and Month	Year	Month	Day/Month	Hours/Month	Day/Month	Hours/Month	Day/Month	Hours/Month	Day/Month	Hours/Month	Day/Month																																				
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8	Taking prenatal and postnatal leave *Includes plans	<input type="checkbox"/> Scheduled : <input type="checkbox"/> Acquiring Period    Year    Month    Day ~    Year    Month    Day																																																						
9	Taking childcare leave *Includes plans	<input type="checkbox"/> Scheduled : <input type="checkbox"/> Acquiring <input type="checkbox"/> Acquired Period    Year    Month    Day ~    Year    Month    Day																																																						
10	Taking leave other than maternity/childcare leave	<input type="checkbox"/> Scheduled : <input type="checkbox"/> Acquiring <input type="checkbox"/> Acquired    reason <input type="checkbox"/> Nursing care leave <input type="checkbox"/> Sick leave <input type="checkbox"/> Others ( ) Period    Year    Month    Day ~    Year    Month    Day																																																						
11	(Planned) date of reinstatement	<input type="checkbox"/> Scheduled : <input type="checkbox"/> Returned to work    Year    Month    Day																																																						
12	Availing the shortened working hour system for childcare *Includes acquisition schedule	<input type="checkbox"/> Scheduled : <input type="checkbox"/> Acquiring    Period    Year    Month    Day ~    Year    Month    Day Main working hours/shift hours    Hr.    Min    ~    Hr.    Min    (Break time    minutes)																																																						
13	Whether or not you actually work as a childcare worker, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> Yes(scheduled) <input type="checkbox"/> No																																																						
14	Remarks column																																																							

## Additional entry field

15	Single/Overseas assignment*Includes plans	<input type="checkbox"/> Yes <input type="checkbox"/> No    Period    Year    Month    Day ~    Year    Month    Day
16	There is a <input checked="" type="checkbox"/> in No.3 fixed term → whether the contract will be renewed or not	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Number of working days(planned) for those who falls under No.12	<input type="checkbox"/> Monthly <input type="checkbox"/> Week    Day

## Parent's writing field

Child's name	Date of Birth	Year	Month	Day	Relationship	<input type="checkbox"/> Child <input type="checkbox"/> Others ( )
Usage status of childcare facilities	<input type="checkbox"/> Using    Nursery school • Daycare center <input type="checkbox"/> In application					
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