Work Certificate

Date of certification In A	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.

crim	<u>inal law.</u>																			
No.	List								D	escript	ion									
			ulture and prestry		Fishing		☐ Minin extra					Cor	nstruction		Manu	ufacturir	ng		ctricity, g pply, and suppl	water
1	Type of Business	☐ Information and ☐ Transportation and ☐ Wholesale and retail trade ☐ Finance and insurance ☐ Real estate and Communication Postal Services ☐ Property rental																		
		□ Acade	mic resea	rch and pr	ofession	al	☐ Lodgi	ng and fo	ood servi	ces			style-rela and enter				Medical	care and	welfare	
		☐ technical services Education and Learning Support ☐ Combined services ☐ Public service ☐												Othe	rs ()		
2	Name of the applicant			os cococcon and Ceanning Support Outribilied Services Public										Da	te of		Ye	ear	Month	Day
3	Employment (planned) period, etc.	☐ Indefin		Period		ndefinite, only start date f employment)		late	Year			Mo nth Day					Year	Mont	h D	lay
4	Company where the applicant works	Nan																		
	applicant works	Addr		_								_		.,	_		,			
		☐ Full-tii Emplo		П	Part-tir	ne Job		mporary mployee		Cont Empl			Fiscal Contract			Part-ti Tempo	me/ rary Staf	f		Board Member
5	Type of Employment	□ Self-																		
			Wed Thurs	Fri	Sat Su		holidays	Total hours		onthly			Hours			Min	(Brea	ak time		minu tes)
		\vdash			I I	-			Nur	ber of	workin	ng dav	/s per							1007
	Working hours	Number of	working o		month	Mont	hly		wee	k				_	eek			Day	'	
		Weekdays		Hr.		Min		~		Hr.				eak tir				inutes)		
6		Saturdays Sundays		Hr.		Min		~		Hr.			Min Br	eak tir	ne(m	inutes)		
		and Holidays		Hr.		Min		~		Hr.			Min Br	eak tir	ne(m	inutes)		
		Total h			Month	у 🗆	Week		Н	ours			Min Br	eak tir	ne(m	inutes)		
	Working hours (schedule flexibility)	Number of day			Month	у 🗆	Week		ı	Day										
		Main we hours/shi			н	r.	Min	~		Hr.			Min Br	eak tir	ne(m	inutes)		
	Work record *Number of days includes paid vacation.	Year and	ire flours			Mont	Year	and					Mont	Yea	r and	1				/lo
7		Month		Year		h		nth		Year			h		onth		Ye	ear		th
	Hours includes breaks and overtime		Day / Month			Hours/ Month			Day / Month			Hour	s / Mon	th		Day Mor				urs/ onth
	Taking prenatal and postnatal leave	☐ Sched	luled 🗆	Acquiring	;															
8	*Includes plans	Period		Year		Month		Day		~			Υe	ear		Month		Day	,	
9	Taking childcare leave	☐ Sched	luled 🗆	Acquiring	. [☐ Acquire	ed													
9	*Includes plans	Period		Year	М	onth	Day ~		Year		Month	1	Day							
10	Taking leave other than maternity/childcare	☐ Sched	luled 🗆	Acquiring		☐ Acquire	ed rea	son	☐ Nurs	ing car	e leave		Sick lea	ve [Oth	ers()
-	leave	Period		Year	М	onth	Day ~		Year		Month	1	Day							
11	(Planned) date of reinstatement	☐ Sched	luled 🗆	Returned	to work	ork Year			Mon		Day									
	Availing the shortened working hour system for	☐ Sched	luled 🗆	Acquiring			Per	riod		Year		Mont	h D	ay ~			Year	Mon	th D	ay
12	childcare *Includes acquisition	Number of day			Month	у 🗆	Week		I	Day										
	schedule	Main working hours/shift hours Hr. Min ~ Hr. Min (Break time minute							inutes)											
13	Whether or not you actually work as a childcare worker, etc.	☐ Yes	Yes(scheduled) No																	
14	There is a ☑ in No.3 fixed will be renewed or not	d term → w	hether th	e contract Yes No																
15	Possibility of shorten child	dcare leave	due to er	enrollment					□ No											
16	Possible extension of taki	ng childcare	e leave		ı	☐ Yes		□ No												
17 Single/Overseas assignment*Includes plans Period Year Month Day ~ Y										Year	r	Month	n D	ay						
Pare Chi	ent's writing field				ı															
na		Date	of Birth		Year		Month		Day	ı	Relatio	nship) [□Child	□0	thers	()
Usa	ige status of childcare faci	lities 🗆]Using	Nursery sch			school•[ol∙Daycare center ☐In applica			licatio	on								
Chi na		Date	of Birth		Year		Month		Day	ı	Relatio	nship) [□Child	□0	thers	()
	ge status of childcare faci	lities]Using	Nursery scho			school•E	Daycare	ycare center			on								
Chi		Date	of Birth		Year		Month		Day	ı	Relatio	nship]	□Child	□0	thers	()
Usage status of childcare fa		lities []Using	Nurser			school Daycare center			☐In application			on							