Dear person in charge of personnel affairs and salary:
This document will be used to judge the admission for a nursery school, or will be used to pass or fail accreditation in Kitanakagusuku.
Fill in each item correctly without omission. If you make corrections, please cross out the mistake with a double line and write the correct content above them.
Please beware that the certificate would be invalid if you made corrections with correction tape.
We might contact and ask the person in charge of personnel affairs and salary for reference.
If you have any question on the form, please contact the Nursery School section of Kitanakagusuku village Office. TEL:098-935-2230(IP:112 or 113)

※DO NOT provide false information.

Filled in by parent/ guardian	Name of child
	Date of birth
	/ /

就労証明書(保育所等入所申込、施設等利用給付認定用)

Employment Certificate

To:Mayor Of Kitanakagusuku village

This is to certify that the following information is true.

Company Location:

Company Name:

Representative's Name: Seal/Signature

TEL:

Person in charge of personnel affairs: Seal/Signature

Date of certification in / /

※The certificate would be invalid if lacked the date of certification.

※NOT valid without company seal or signature of representative.

Name of employee		Address of employee	
Type of employment	Reguler / Temporary / Outsourced worker / Part time / Home employed / others( )		
Date of Employment	/ / (dd/mm/yy)	If the employment contract delineates the period of employment	the employment contract is , or scheduled, to be renewed by ___year ___month ___day.
Working hours (24hours)	Regular working hours		Variable Working hours System
	Weekdays: : to : (hours)		: to : (hours)
	Saturday: : to : (hours)		: to : (hours)
	Sunday: : to : (hours)		a month / a week (hours)
Working Days	___days/week(___hours/week)/___days/month		No.of day-off:( )regular/irregular
Commuting time	Rount-trip about ( )hours	access to work	car / bus / walk / others( )
Basic payment	_____ (Yen / dollars) a month /_____ (Yen / dollars) a day / _____ (Yen / dollars) an hour		
Latest 3 months Payments ※If there is no payments because he/she is taking child-care leave or right after starting work please fill "0yen".	_____ (year) ___(month)	working days ( ) days	payment _____(Yen / dollars)
	_____ (year) ___(month)	working days ( ) days	payment _____(Yen / dollars)
	_____ (year) ___(month)	working days ( ) days	payment _____(Yen / dollars)
Job description			
Current condition or schedule of maternity or child-care leave	Marternity leave	From / / to / / (dd/mm/yy)	
	Child-care leave (including planning)	From / / to / / (dd/mm/yy)	
		check the appropriate box if your employee concerned ☐The employee can return to work in 1 month when his/her child is accepted by a nursery .	
	leave other than above	From / / to / / (dd/mm/yy)	
	The day of coming back to work	/ /	
Company Location	※Fill in the address below if the place of work is different from the address above "Company Location".		
	The employee has (or is planning to be) worked away from home for 6 months or over since ___year ___month ___day		