| Name of Childcare Facility 放課後児童教室 | After School Childcare |
|---|---|

| Name of Child 児童氏名 | Grade学年 |
|---|---|
| | |

Write the youngest child's name if there are more than two enrolled in the childcare facility2人以上入室は最年少児童氏名学年

就労状況証明書

# Certificate of Employment and Work Status

Submission Date 提出日 YYYY/MM/DD

To Mayor of Iwakuni

| | |
|---|---|
| Employee's Full Name 就労者名 | |
| Start Date of Employment 就労年月日 | ☐ The employee has been employed since 就労している ☐ The employee is to be employed on 就労予定<br>YYYY / MM / DD<br>● Date of Return to Work after Maternity / Parental Leave 産休育休明け就労開始予定日<br>YYYY / MM / DD |
| Expiry Date of Employment 雇用期限 | ☐ No expiry date 無 ☐ Yes 有 ( Date YYYY/MM/DD まで )<br>● If 'Yes", will the contract be renewed when expired? 期限有の場合更新予定の有無<br>☐ No 無 ☐ Yes 有 |
| Place of Work and Address 就業場所 | (Write if the employee's workplace is different from your employer's location or name of their own. ) |
| Types of Employees 雇用形態 | ☐ Full-time 正規雇用 ☐ Part-time / Temporary 臨時またはパート雇用 ☐ Dispatched 派遣<br>☐ Self Employer / Farmer ( ☑ Operator / Manager ☐ Partner ) 自営・農業(中心者・協力者) |
| Monthly Work Schedule 勤務状況 | ● Fixed Shift Schedule 固定勤務 |

| Hours of Work 勤務時間 | : ~ : | Average Working Days Per Month 平均就労日数 | days |
|---|---|---|---|

● Rotation/ Shift Schedule (Write all rotation / shift patterns.) 変動・シフト勤務

| | | | | |
|---|---|---|---|---|
| 1 | Hours of Work | : ~ : | Average Working Days Per Month | days |
| 2 | Hours of Work | : ~ : | Average Working Days Per Month | days |
| 3 | Hours of Work | : ~ : | Average Working Days Per Month | days |
| 4 | Hours of Work | : ~ : | Average Working Days Per Month | days |
| 5 | Hours of Work | : ~ : | Average Working Days Per Month | days |
| 6 | Hours of Work | : ~ : | Average Working Days Per Month | days |
| 7 | Hours of Work | : ~ : | Average Working Days Per Month | days |

| | |
|---|---|
| Additional Information 特記 | |

I hereby certify that the information provided for the child's application of enrollment is true and accurate.

| | |
|---|---|
| Date 証明日 | YYYY/MM/DD |
| Name of Company 事業所名 | |
| Name of Employer事業主名 | |
| Company Address 所在地 | |
| TEL 電話番号 | |
| Person In Charge 担当者 | |

※ A company stamp or a corporate seal can be used instead of writing if all the information above is included in them.

☞ **( See reverse side for important information.)**

【NOTE】

※ The double line boxes (name of childcare facility, child's name, grade, and submission date) must be filled in by an applicant and the rest by the employer.

※ If the applicant is self-employed or a farmer, the double line boxes must be filled in by the applicant and the rest by the business operator / manager.

※ Traditional stamping with a hanko stamp, either personal or cooperation's, is not required.

※ Correction pen or tape must not be used to correct mistake(s) on the form. Cross out the mistake(s) and write correct text / figures in the blank spaces. The city may contact the employer to verify the correction.

【To Parents and Guardians】

※ The city may contact the employer to verify the information provided on the form.

※ Only the double line boxes (name of childcare facility, child's name, grade, and submission date) must be filled in by a parent or guardian. Please leave the rest of the form to the employer to complete. Forgery committed by an applicant can be considered illegal and can constitute a crime.

※ Forgery may result in cancellation of child(ren)'s enrollment or participation in the childcare program.