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

Name of Child 児童氏名	Grade学年
Surname First , Second name Iwakuni Sakura	1

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

SAMPLE

Submission Date 提出日 2026 / 12 / 02 YYYY/MM/DD

To Mayor of Iwakuni

Employee's Full Name 就労者名	Surname First, Second name Iwakuni Hanako
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 YYYY / MM / DD 2026 / 04 / 01 ● Date of Return to Work after Maternity / Parental Leave 産休育休明け YYYY / MM / DD
Expiry Date of Employment 雇用期限	☐ No expiry date 無 ☑ Yes 有 (Date YYYY/MM/DD 2027 / 09 / 30 まで) ● If 'Yes", will the contract be renewed when expired? 期限有の場合更新予定の有無 ☐ 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.) Iwakuni Supermarket Imazu 0-0-0 Imazu-machi Iwakuni city
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 ☐ Self Employer / Farmer (☐ Operator / Manager ☐ Partner) 自営・農業(中心者・協力者)

Enter date of return to work if the employee is on parental leave on the day this form is filled in.

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	8 : 30 ~ 17 : 15	Average Working Days Per Month	8 days
2	Hours of Work	9 : 30 ~ 18 : 15	Average Working Days Per Month	12 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

Enter the average number of working days per month for each rotation/shift pattern.

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 2026 / 12 / 01
Name of Company 事業所名	ABC Corporation
Name of Employer事業主名	Surname, First, Second name
Company Address 所在地	0-0-0 Imazu-machi Iwakuni city
TEL 電話番号	012-3456-7890
Person In Charge 担当者	Surname, First, Second name

The stamp of the person is not necessary.

The city may contact the person in charge to verify the infomation.

※ 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.