

To Whom It May Concern:

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Certification of Employment:

This is to certify that \_\_\_\_\_ is an  
employee of \_\_\_\_\_.

Please fill in the blanks regarding his/her working conditions.

Date of Employment	MONTH / DAY , YEAR
Company Position	
Monthly Working Days	Days
Average Working Hours in a week	Hours
Daily Working Hours	( : ) ~ ( : )
Basic Pay Please <input checked="" type="checkbox"/> on that pertain to him/her	<input type="checkbox"/> Hourly Wedge ( Yen • Dollar) <input type="checkbox"/> Daily Wedge ( Yen • Dollar) <input type="checkbox"/> Monthly Salary ( Yen • Dollar)
His/Her Home Address	

This certification is issued to whatever purpose it may serve him/her best.

Name of Authorized Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ STAMP

※If you have the company stamp, please affix it at the side of company name.

We will use this document just for the judge having recipient qualification of subvention to childcare fee or not.