Certification of Employment

Date　　/　　/

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

Date of Employment	Year / month / day / /
Company Position	
Monthly Working Days	Days
Average Working Hours in a week	Hours
Daily Working Hours	(　　:　　) ～ (　　:　　)
Basic Pay Please ☑ on that pertain to him/her	□Hourly Wage (　　Yen・Dollar) □Daily Wage (　　Yen・Dollar) □Monthly Salary (　　Yen・Dollar)
His/Her Home Address	
Childcare Leave ※If applicable	(　　) ～ (　　) Year/month/day ~ Year/month/day
Return to work date	
Is he/she working away from home?	

Name of Authorized Signature:

Name:

Position:　　PhoneNumber:

Company Name:

This document will be used to pass or fail accreditation in Chatan.
Children and Home Section,Chatan Town Office