# Certification of Employment

Date　　/　　/

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

| | |
|---|---|
| Date of Employment | Year / month / day<br>/ / |
| Company Position | |
| Monthly Working Days | Days |
| Average Working Hours in a week | Hours |
| Daily Working Hours | (　　:　　) ～ (　　:　　) |
| Basic Pay<br>Please ☑ on that pertain to him/her | □Hourly Wage (　　Yen・Dollar)<br>□Daily Wage (　　Yen・Dollar)<br>□Monthly Salary (　　Yen・Dollar) |
| His/Her Home Address | |
| Childcare Leave<br>※If applicable | (　　) ～ (　　)<br>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