

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.

This document will be used to judge the admission for a nursery school in Chatan.  
Children and Home Section, Chatan Town Office