

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 Wage (Yen • Dollar) <input type="checkbox"/> Daily Wage (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 pass or fail accreditation in Chatan.
Children and Home Section, Chatan Town Office