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☑on that pertain to him/her  | □Hourly Wedge ( 　　 Yen・Dollar) □Daily Wedge ( 　　 Yen・Dollar) □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