

To the Mayor of Chiba

Employment certificate

* This certificate should be created by the parent's employer, etc., not by the guardian himself / herself.



① Certificate issuance office name	
② Certificate issuance office address	
③ Name of the person in charge of issuing the certificate	
④ Certificate issuance manager position	

⑤ Certification date	Year	Month	Date
⑥ Contact information for the contents of the description	Department Name		
	Person's Name		
	Phone number		

We will prove that the following contents are true (however, limited to information that the issuer knows as of the certification date).

* If the contents of this certificate are created or modified without the permission of the employer, etc., you may be accused of criminal law.

No.	Item	Description field
1	Furigana	
	Applicant's name	
	Applicant's Address	

Items related to the person's employment status and place of employment (including those who are scheduled to work)

2	Working status / planned	<input type="checkbox"/> Working <input type="checkbox"/> Maternity/childcare leave <input type="checkbox"/> Planning to work (including informal appointment) <input type="checkbox"/> Others ()
3	Name of main place of work * Enter if different from ①	
4	Main place of employment Address * Enter if different from ②	Commuting Method <input type="checkbox"/> Train/Bus closest station Home() closest station Work()
		<input type="checkbox"/> Walk/Bicycle <input type="checkbox"/> Car <input type="checkbox"/> Other ()

Contracts with the person (employment contracts, contracts related to employment)

* Items related to the contents of work rules

* Please describe the matters related to the contents of the employment contract and work regulations, not the actual hours worked

d or the amount of salary paid.

5	Working styles	Officers / self-employed <input type="checkbox"/> officers (directors / auditors of companies, directors of corporations, etc.) <input type="checkbox"/> Self-employed (individual business owners)
		Employees <input type="checkbox"/> Regular staff / employees <input type="checkbox"/> Part-time job <input type="checkbox"/> Temp Employee <input type="checkbox"/> Contract employee <input type="checkbox"/> Fiscal year appointed employee <input type="checkbox"/> Self-employed full-time
		Other <input type="checkbox"/> Internal worker <input type="checkbox"/> Family employee <input type="checkbox"/> Consignment <input type="checkbox"/> Others
	How to work	<input type="checkbox"/> Fixed working hours <input type="checkbox"/> Modified working hours <input type="checkbox"/> Flextime System <input type="checkbox"/> Deemed working hours system for off-site work
		<input type="checkbox"/> Discretionary system <input type="checkbox"/> Other()
	Working Days	Per Month days Per week days
	Working hours * Including break time	Mo Hours Min Wk Hours Min * Avg per month
		Day Hours Min * Avg per month
	Working hours * in case of flextime system, discretionary labor system, fill in typical working hours	Time zone ① Hours Min - hours Min (of which break time)
		Time zone ② Hours Min - hours Min (of which break time)
		Time zone ③ Hours Min - hours Min (of which break time)
	Days Worked	Time zone ① <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S <input type="checkbox"/> Holiday <input type="checkbox"/> Irregular
		Time zone ② <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S <input type="checkbox"/> Holiday <input type="checkbox"/> Irregular
		Time zone ③ <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S <input type="checkbox"/> Holiday <input type="checkbox"/> Irregular
		Note
	Employment (planned) period, etc. * Not the contract date, but enter the start (planned) date of work * For those with a fixed term, fill in the end date as well.	Employment contract status <input type="checkbox"/> Indefinite <input type="checkbox"/> Definite
		Start of work (planned) date (date of joining the company, etc.) - Contract expiration date (listed if fixed term)
		year month day <input type="checkbox"/> or As soon as entering the school Year Month Day
		Presence or absence of renewal after expiration <input type="checkbox"/> Yes <input type="checkbox"/> Yes(planned) <input type="checkbox"/> No <input type="checkbox"/> Not decided Employment period Year Month Day - Year Month Day

Items related to the person's employment record * Please enter the actual results (if there is no actual employment records, etc., pls enter future plan).

Most recent Employment record	Year/Month	1	Year	Month	2	Year	Month	3	Year	Month
	Days Worked *including paid holiday	Day			Day			Day		
	Year/Month	4	Year	Month	5	Year	Month	6	Year	Month
	Days Worked *including paid holiday	Day			Day			Day		

Items related to childcare leave and reduced working hours

Prenatal and postnatal leave Acquisition (planned) period	<input type="checkbox"/> Planning to take	Year	Month	Date	-	Year	Month	Date		
	<input type="checkbox"/> Taking	Year	Month	Date	-	Year	Month	Date		
Childcare leave Acquisition (planned) period	Basis	<input type="checkbox"/> Law <input type="checkbox"/> Corporate own rule								
	<input type="checkbox"/> Planning	Year	Month	Date	-	Year	Month	Date		
	Extension	<input type="checkbox"/> Yes <input type="checkbox"/> No	Free	Year	Month	Date	-	Year	Month	Date
	<input type="checkbox"/> Taking	Year	Month	Date	-	Year	Month	Date		
	Extension	<input type="checkbox"/> Yes <input type="checkbox"/> No	Free	Year	Month	Date	-	Year	Month	Date

15	Change of work system such as use of short working hours for childcare (Currently changing / planned to change)	Change of work system (planned)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Factors for changing the system	<input type="checkbox"/> Use of reduced hours for childcare <input type="checkbox"/> Due to returning from leave other than childcare leave <input type="checkbox"/> Change of Employment status <input type="checkbox"/> Other ()		
		Work days after change	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S <input type="checkbox"/> Holiday <input type="checkbox"/> Not fixed				
		Change (planned) period of work system	Year	Month	Date	- Year Month Date	
		Working hours after change * Including break time	Mo	Hours	Minutes	Days Worked	Months Days
			Day	Hours	Minutes		
Working hours after the change	Time zone ①	Hour	Min	-	Hour Min (of which break time Min)		
	Time zone ②	Hour	Min	-	Hour Min (of which break time Min)		
	Time zone ③	Hour	Min	-	Hour Min (of which break time Min)		
Whether or not you have actual work as a nursery teacher, etc. (nursery teacher, kindergarten teacher or nursery teacher)							
16	Whether you have worked as nursery teacher, etc or not.	<input type="checkbox"/> Yes <input type="checkbox"/> Yes(plan) <input type="checkbox"/> No	Type of work facility, etc.	<input type="checkbox"/> Nursery <input type="checkbox"/> Kindergarten <input type="checkbox"/> Certified Childcare <input type="checkbox"/> Business establishments that provide community-based childcare <input type="checkbox"/> Other ()			
	Qualification / license acquisition status	<input type="checkbox"/> Nursery teacher <input type="checkbox"/> Kindergarten teacher license					
Note							
Additional items by Chiba City							
Other basic matters							
17	Basic information	Contents Inquiry email address					
Items related to the person's employment status and place of employment (including those who are scheduled to work)							
18	Working status / plan ②	Moved alone	<input type="checkbox"/> Yes <input type="checkbox"/> No	Period	Start date (scheduled date) - End date * Not required if undecided		
		Place of work(planned)	Year Month Date - Year Month Date				
		Type of work					
Items related to childcare / reduced working hours system							
23	In-work nursery	Nursery	<input type="checkbox"/> Yes <input type="checkbox"/> No	Using	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fee <input type="checkbox"/> Fee <input type="checkbox"/> Free	
Items related to personal business							
29	Individual business type	Relationship to the management	<input type="checkbox"/> Business owner run by owner <input type="checkbox"/> Family employee (managed by spouse) <input type="checkbox"/> Full-time <input type="checkbox"/> Family employee <input type="checkbox"/> Other()				
		Have work-related qualifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	Qualification			

(* This is the end of the business certification column)

	Relationship to the child	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Paternal grandpa <input type="checkbox"/> Paternal grandma <input type="checkbox"/> Maternal grandpa <input type="checkbox"/> Maternal grandma <input type="checkbox"/> Other()				
	Child's name	Date of birth	<input type="checkbox"/> Using <input type="checkbox"/> Transferring <input type="checkbox"/> applying(first choice)			
			Facility name			
	Child's No	Desired childcare time	Date of birth	<input type="checkbox"/> applying(second choice)		
				Facility name		
	Child's name	Date of birth	Desired childcare time	<input type="checkbox"/> Standard childcare time (up to 11 hours) <input type="checkbox"/> Childcare short time (up to 8 hours)		
				Facility name		
	Child's name	Date of birth	<input type="checkbox"/> Using <input type="checkbox"/> Transferring <input type="checkbox"/> applying(first choice)			
			Facility name			
	Child's No	Desired childcare time	Date of birth	<input type="checkbox"/> applying(second choice)		
Facility name						
Child's No	Desired childcare time	Date of birth	<input type="checkbox"/> applying(third choice)			
			Facility name			
Commuting time	Hours	Minutes(to and from)				

* Please refer to the "Guidelines" sheet of this BOOK for the procedure for filling out the employment certificate form.

* Notes on filling in the employment certificate *

This certificate does not need to be stamped.

If you apply for admission to a sibling nursery center and a children's room at the same time, you can use only one employment certificate.

The serial number is missing because it is based on the standard format of the country and some items have been deleted.

If you are self-employed, the self-employed person should create it. In addition, along with this certificate, "things that prove self-employment (business permit, business start notification, etc.)" or "things that prove income (final tax returns for the previous year, etc.)"

Please attach a copy of either one.

Supplement No.8,9 If you cannot enter the working hours and working days, please attach the shift table with the working hours together with this certificate.

No.23 Supplement: If you do not have a daycare center but are bringing your child to your workplace, please indicate so in the remarks column.