① 就労証明書

② 渋谷区長 渋谷区教育委員会 宛

3	証明日	西暦		年	月	日
4	事業所名					
(5)	代表者名					
6	所在地					
(7)	電話番号		_		<u></u>	
(8)	担当者名					
9	記載者連絡先		_		_	

※押印は不要です

① 下記の内容について、事実であることを証明いたします。 ※本証明書の内容について、就労先事業者等に無断で作成し又は改変を行ったときには、刑法上の罪に問われる場合があります。

	※全証明書の内谷について、Mカ元争来有寺に無朝でFF成し又は収象を打つたCさには、刑法工の非に向われる場合かのります。						
No.	① 項目 ② 記載欄						
1	①3 業種	A) 農業・林業 B) 漁業 C 塩素・採石業・砂村採取業 □ D 及業 □ 重整 下 □ 電気・ガス・勢供給・水道業 G) 情報通信業 H) 運輸業・郵便業 Î ル売業・小売業 □ J 上業・保険業 K □ 不動産業・物品賃貸業 L) 学術研究・専門・技術サービス M宿泊業・飲食サービス業 □ N 上関連サービス業・娯楽業 ① 」 医療・福祉 P) 教育・学習支援業 ② 複合サービス事業 『 N					
2	14 フリガナ 本人氏名	15 生年月日 年 月 日					
3	16 雇用(予定)期間等 (1	7 口無期 口有期 (無期の場合は運用開始日のみ) 19 月 日 ~ 年 月 日					
4	20本人就労先事業所	②1)名称 ②2)住所					
5	②3 雇用の形態	A 正社員 B パート・アルバイト C 派遣社員 \square D 社員 \square $\pm E$ 年度任用職員 \square 非系 F 臨時職員 \square 役員 G H 自営業主 I 自営業専従者 I					
6	②4 就労時間 (固定就労の場合) ③	月 火 水 木 金 土 日 祝日 ②6 合計 ②7 月間 時間 分 (うち休憩時間 分) 8 -月当たりの就労日数 ②9月間 日 一週当たりの就労日数 ③間 日 ②2平日 時 分 ~ 時 分 (うち休憩時間 分) ③3 土曜 時 分 ~ 時 分 (うち休憩時間 分) 4 日祝 時 分 ~ 時 分 (うち休憩時間 分)					
	35 就労時間 (変則就労の場合)	(a) 合計時間 (b) 口月間 口週間 時間 分(うち休憩時間 分) (c) 就労日数 (d) 口月間 口週間 日 (c) 主な就労時間帯 (f) 分 (c) 分(うち休憩時間 分)					
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	※取得予定を含む	j □ 取得予定 □ 取得中 □ 取得済み k 期間 年 月 日 ← 年 月 日					
10	39 産休・育休以外の休業の 取得	j □ 取得予定 □ 取得中 □ 取得済み 理由					
11(40 復職(予定)年月日 (1	1 口復職予定 口復職済み 年 月 日					
12(41 # 黎州东到田士师	口取得予定 口取得中 k 期間 年 月 日 年 月 日					
13	※取得予定を含む	D 主 定 取 が 時間帯 ・ シフト 時間帯 分 ~ 時 分 (うち 体 憩 時間 分) 1 口有 口有(予定) 口無					
14	(雇用契約の)滞了後の/	r 口有 口有(予定) 口無 口未定					
-	44.所内定時育休短縮可否	S 口可 口可(予定) 口否					
	C	S 可 口可(予定) 口否					
17	単身赴任期間(予定含む)	t 年 月 日 ~ 年 月 日					
18	47 備考欄						
19	④ 保護者記載欄	(u) 児童名 (v) 生年月日 (w) 施設名 (x) □ 利用中 □ 申込中(第一希望) (u) 児童名 (v) 生年月日 (w) 施設名 (x) □ 利用中 □ 申込中(第一希望)					
		年月日 U児童名 V生年月日 W施設名 年月日 おおれずるサンパが、地名 W 施設名 利用中日申込中(第一希望)					

To the Shibuya City Mayor and Shibuya Board of Education Certificate date: YYYY MM DD Confice name Representative Address Telephone number Contact person Telephone number of the person who completed this form Note: No seal is required. I certify that the following information is true and correct. Note: If you prepare this certificate or alter the contents without the permission of your employer, you may be charged with a criminal offense. Item Entry column Susiness type Construction Mining / Quarrying / Gravel extraction Construction Compound services Construction Compound services Construction Compound services Conspound services Con	(1)	Certificate of Employment
Education		
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3 Office name 8 Representative 8 Address 7 Telephone number 8 Contact person 9 Telephone number of the person who completed this form Note: No seal is required. 1 Certify that the following information is true and correct. 10 Note: If you prepare this certificate or alter the contents without the permission of your employer, you may be charged with a criminal offense. 10 Item 10 Entry column 11 Business type 12 Agriculture / Forestry 13 By Fishing 13 C Mining / Quarrying / Gravel extraction 13 C Manufacturing 13 C Manufacturing 13 C Manufacturing 13 C Manufacturing 13 C Real estate / Rental and leasing business 14 Real estate / Rental and leasing business 15 C Academic research / Professional / Technical services 16 C Medical care / Welfare 18 C Medical care / Welfare 19 P Education / Learning Support 18 C Medical care / Welfare 19 P Education / Learning Support 19 Date of birth: YYYY MM DD 10 Employment (planned) period, etc. 10 □ Indefinite term □ Fixed term 10 □ Medical care / Welfare 10 □ Date of birth: YYYY MM DD 10 Employment period (for indefinite term, only enter the date of commencement of employment) 10 YYYY MM DD to YYYY MM DD 10 Workplace of applicant 10 Name 11 Name 12 Address 13 Form of employment 14 Part-time employee 15 Self-employee 16 Executive officer 17 Part-time and temporary staff 18 Employment geniod (for indefinite term, only enter the date of commencement of employment) 19 YYYY MM DD to YYYY MM DD 20 Workplace of applicant 21 Name 22 Address 23 Form of employment 23 Form of employee 24 E Self-employee 25 E Single fiscal year contract staff 26 F Part-time and temporary staff 27 Executive officer 28 F Part-time and temporary staff 29 F Part-tim	(3)	Certificate date: YYYY MM DD
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 ③-① Wholesale / Retail ③-① Finance / Insurance ③-⑥ Real estate / Rental and leasing business ③-① Academic research / Professional / Technical services ③-⑩ Lodging / Food services ③-⑩ Lifestyle-related services / Entertainment ③-⑪ Medical care / Welfare ③-⑫ Education / Learning Support ③-⑫ Compound services ③-⑪ Public service ③-⑪ Other () ⑥- Furigana Applicant name ⑤ Date of birth: YYYY MM DD ⑥ Employment (planned) period, etc. ① □ Indefinite term □ Fixed term ⑥ Employment period (for indefinite term, only enter the date of commencement of employment) ⑨ YYYY MM DD to YYYY MM DD ② Workplace of applicant ② Name ② Address ③ Form of employment ③-⑥ Full-time employee ②-⑥ Dispatch agency employee ③-⑥ Contract employee ③-⑥ Contract employee ③-⑥ Executive officer ②-Ռ Part-time and temporary staff ②-⑥ Executive officer ②-Ռ Self-employed ③-⑥ Inll-time family employee ③-⑥ Family employee ③-⑥ Family employee ③-⑥ Lother () ②-⑩ Outsourcing ③-⑪ Outsourcing ②-⑪ Working hours (for fixed work) Mon. / Tue. / Wed. / Thu. / Fri. / Sat. / Sun. / National 		
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(3)-(K) Real estate / Rental and leasing business (3)-(L) Academic research / Professional / Technical services (3)-(M) Lodging / Food services (3)-(M) Lifestyle-related services / Entertainment (3)-(D) Medical care / Welfare (3)-(P) Education / Learning Support (3)-(R) Compound services (3)-(R) Public service (3)-(S) Other () (4) Furigana Applicant name (5) Date of birth: YYYY MM DD (6) Employment (planned) period, etc. (1) □Indefinite term □Fixed term (8) Employment period (for indefinite term, only enter the date of commencement of employment) (9) YYYY MM DD to YYYY MM DD (2) Workplace of applicant (2) Name (2) Address (3) Form of employment (3)-(A) Full-time employee (3)-(B) Part-time employee (3)-(C) Dispatch agency employee (3)-(C) Dispatch agency employee (3)-(C) Single fiscal year contract staff (3)-(F) Part-time and temporary staff (3)-(F) Part-time and temporary staff (3)-(F) Part-time family employee (3)-(F) Full-time family employee (3)-(F) Full-time family employee (3)-(F) Full-time family employee (3)-(F) Full-time family employee (3)-(F) Coutsourcing (3)-(F) Outsourcing (4) Working hours (for fixed work) (5) Mon. / Tue. / Wed. / Thu. / Fri. / Sat. / Sun. / National	13-(1)	Wholesale / Retail
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 ③-M Lodging / Food services ③-M Lifestyle-related services / Entertainment ③-M Medical care / Welfare ③-P Education / Learning Support ③-Q Compound services ③-R Public service ③-S Other () furigana Applicant name b Date of birth: YYYY MM DD Employment (planned) period, etc. ① Indefinite term ☐ Fixed term Employment period (for indefinite term, only enter the date of commencement of employment) YYYY MM DD to YYYY MM DD Workplace of applicant ② Name ② Address ② Form of employment ③-A Full-time employee ③-B Part-time employee ③-C Dispatch agency employee ③-C Single fiscal year contract staff ③-F Part-time and temporary staff ③-G Executive officer ③-H Self-employed ③-D Full-time family employee ③-D Full-time family employee ③-D Contract employee ③-D Full-time family employee ③-D Family employee ③-D Contract officer ③-M Self-employed ③-D Full-time family employee ③-D Contract employee ③-D Cont	(13)-(K)	_
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②-Ē Single fiscal year contract staff ②-Ē Part-time and temporary staff ③-Ğ Executive officer ③-ℍ Self-employed ②-① Full-time family employee ②-① Family employee ③-⑥ Home-based work ②-⑥ Outsourcing ②-⑥ Other () ② Working hours (for fixed work) Mon. / Tue. / Wed. / Thu. / Fri. / Sat. / Sun. / National	23-C	
②-⑤ Part-time and temporary staff ②-⑥ Executive officer ②-⑥ Self-employed ②-① Full-time family employee ③-① Family employee ③-⑥ Home-based work ②-① Outsourcing ②-⑥ Other () ② Working hours (for fixed work) Mon. / Tue. / Wed. / Thu. / Fri. / Sat. / Sun. / National	23-D	
②-⑥ Executive officer ②-⑥ Self-employed ③-① Full-time family employee ②-① Family employee ③-⑥ Home-based work ②-① Outsourcing ②-⑥ Other () ② Working hours (for fixed work) Mon. / Tue. / Wed. / Thu. / Fri. / Sat. / Sun. / National	23-E	1 -
②-⊕ Self-employed ②-□ Full-time family employee ②-□ Family employee ②-ⓒ Home-based work ②-□ Outsourcing ②-௵ Other () ② Working hours (for fixed work) Mon. / Tue. / Wed. / Thu. / Fri. / Sat. / Sun. / National	23-F	
33-() Full-time family employee 33-() Family employee 33-() Home-based work 33-() Outsourcing 33-() Other () 4 Working hours (for fixed work) 5 Mon. / Tue. / Wed. / Thu. / Fri. / Sat. / Sun. / National		
② - Û Family employee ② - ⓒ Home-based work ② - Û Outsourcing ② - ⑩ Other () ② Working hours (for fixed work) Mon. / Tue. / Wed. / Thu. / Fri. / Sat. / Sun. / National	23-H	1 ' '
② - (k) Home-based work ② - (l) Outsourcing ② - (l) Other (l) (l) Working hours (for fixed work) Mon. / Tue. / Wed. / Thu. / Fri. / Sat. / Sun. / National	23-(1)	
② - ① Outsourcing ② - ⑥ Other () ② Working hours (for fixed work) Mon. / Tue. / Wed. / Thu. / Fri. / Sat. / Sun. / National	23-(J)	Family employee
②-⑥ Other () ② Working hours (for fixed work) Mon. / Tue. / Wed. / Thu. / Fri. / Sat. / Sun. / National	23-K	
Working hours (for fixed work) Mon. / Tue. / Wed. / Thu. / Fri. / Sat. / Sun. / National	23-L	1
Mon. / Tue. / Wed. / Thu. / Fri. / Sat. / Sun. / National	23-M	
	24)	
nolidays	(25)	
		nolidays

26	Total hours
27)	hours and minutes per month (including min. of break time)
28)	Working days per month
29	days per month
30	Working days per week
31)	days per week
32	Weekdays: : to : (including min. of break time)
33	Saturdays: : to : (including min. of break time)
34)	Sundays and national holidays: : to : (including min. of break time)
35)	Working hours (for irregular work)
36)	Work record Note: Number of days includes paid vacations and number of hours includes breaks and overtime hours.
37)	Acquisition of maternity leave (including planned acquisitions)
38	Acquisition of childcare leave (including planned acquisitions)
39	Acquisition of other leave of absence
40	Date of (planned) return to work
(41)	Use of shortened working hours for childcare (including planned use)
(42)	Work experience as a childcare worker, etc.
43)	Renewal after expiration (of employment contract)
44	Possibility of shortening childcare leave upon informal acceptance of admission
(45)	Possibility of extending childcare leave
46)	Period of work transfer unaccompanied by family (including those planned)
(47)	Remarks
48)	To be filled out by the parent/guardian
a	Total hours
(b)	hours and minutes \square per month \square per week (including min. of break time)
©	Working days
<u>d</u>	days \square per month \square per week
e	Main working hours/shift hours
f	: to : (including min. of break time)
g	Year/Month: YYYY MM
h	days per month
(i)	hours per month
(j)	☐ Scheduled to take ☐ Currently taking ☐ Already taken
(k)	Period: YYYY MM DD to YYYY MM DD
(1)	Reason
m	☐ Providing nursing care ☐ Sick leave ☐ Other ()
n	☐Return planned ☐Returned YYYY MM DD
0	☐Scheduled to use ☐Currently using
(P)	Main working hours/shift hours
(q)	□Yes □Yes (planned) □No
r	☐Yes ☐Yes (planned) ☐No ☐Undecided
S	☐ Possible ☐ Possible (planned) ☐ Not possible
(t)	YYYY MM DD to YYYY MM DD
(u)	Child's name
V	Date of birth: YYYY MM DD
W	Facility name
(X)	☐Currently admitted ☐Currently applying (first preference)