

Proof of Employment

To: The Mayor of Yokosuka

Please use this as a reference when filling out your application. Do not write on this page.

Date Issued (yyyy/mm/dd) _____

Name of Establishment _____

Name of Representative _____

Address _____

Phone Number _____

Staff in Charge _____

Staff Phone Number _____

I certify that the following information is true and correct.

Creating or altering the contents of this Proof of Employment without the permission of the employer may result in criminal punishment.

This reference was updated September, 2023

No.	Section	Check the appropriate boxes and write the necessary information.										
1	Type of Industry	<input type="checkbox"/> Agriculture/Forestry <input type="checkbox"/> Fishing <input type="checkbox"/> Mining/Quarrying/Gravel Mining <input type="checkbox"/> Construction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Electricity/Gas/Heat Supply/Water <input type="checkbox"/> Telecommunications <input type="checkbox"/> Transportation/Postal Service <input type="checkbox"/> Wholesale/Retail <input type="checkbox"/> Finance/Insurance <input type="checkbox"/> Real Estate/Rent & Leasing of Goods <input type="checkbox"/> Academic Research/Specialized & Technical Services <input type="checkbox"/> Lodging & Accommodation/Food & Drink <input type="checkbox"/> Daily Life Services/Entertainment <input type="checkbox"/> Medical/Welfare <input type="checkbox"/> Education/Learning Support <input type="checkbox"/> Multi-Service/Diversified <input type="checkbox"/> Civil Servant <input type="checkbox"/> Other: (_____)										
2	Name of Applicant	Sample								Date of Birth		yyyy: mm: dd:
3	(Planned) Employment Period	<input type="checkbox"/> Indefinite <input type="checkbox"/> Definite		Employment Period (Write start date to end date. If indefinite, only write start date)				yyyy: mm: dd: to yyyy: mm: dd:				
4	Place of Work	Name		Address								
5	Type of Employment	<input type="checkbox"/> Full-Time <input type="checkbox"/> PAATO/ARUBAITO <input type="checkbox"/> Dispatched Employee <input type="checkbox"/> Contract Worker <input type="checkbox"/> Fiscal Year Employee <input type="checkbox"/> Part-time/Temp Worker <input type="checkbox"/> Official/Executive <input type="checkbox"/> Self-Employed <input type="checkbox"/> Employee of Family Business (Paid) <input type="checkbox"/> Family Business (Unpaid) <input type="checkbox"/> Side Job/Home Piecework <input type="checkbox"/> Subcontractor <input type="checkbox"/> Other: (_____)										
6	Employment Hours (If applicant has a fixed schedule)	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	National Holidays	Total Hours Worked	In one month: _____ hours and _____ minutes. Break Time: _____ minutes	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Approximate Number of Days Worked Per Month:				About _____ days per month.				Approximate Number of Days Worked Per Week:		About _____ days per week.
		Weekday Hours		(:)	to	(:)	(Break Time: _____ minutes)					
	Saturday Hours		(:)	to	(:)	(Break Time: _____ minutes)						
Sunday and Holiday Hours		(:)	to	(:)	(Break Time: _____ minutes)							
Employment Hours (If applicant does not have a fixed schedule)	Total Hours		<input type="checkbox"/> In a month <input type="checkbox"/> In a week		_____ hours and _____ minutes		(Break Time: _____ minutes)					
	Number of Days Worked		<input type="checkbox"/> In a month <input type="checkbox"/> In a week		_____ days							
	Main Working Hours/Shift Range		(:)	to	(:)	(Break Time: _____ minutes)						
7	Three Months of Work Hours <small>Number of days includes paid leave. Hours includes breaks and overtime.</small>	Year & Month		yyyy: mm:	Year & Month		yyyy: mm:	Year & Month		yyyy: mm:	Worked _____ days Worked _____ hours	
8	Maternity Leave Before and After Childbirth <small>Includes plans to take leave</small>	<input type="checkbox"/> Plan to Take Leave <input type="checkbox"/> On Leave		Time Period		(yyyy/mm/dd)	_____ to _____					
9	Childcare Leave <small>Includes plans to take leave</small>	<input type="checkbox"/> Plan to Take Leave <input type="checkbox"/> On Leave <input type="checkbox"/> Leave Finished		Time Period		(yyyy/mm/dd)	_____ to _____					
10	Other Leave (Not for Maternity or Childcare)	<input type="checkbox"/> Plan to take Leave <input type="checkbox"/> On Leave <input type="checkbox"/> Leave Finished		Reason	<input type="checkbox"/> Family Care Leave <input type="checkbox"/> Sick Leave <input type="checkbox"/> Other: (_____)		Time Period		(yyyy/mm/dd)	_____ to _____		
11	(Planned) Return to Work Date	<input type="checkbox"/> Plan to Return <input type="checkbox"/> Already Returned		Date: (yyyy/mm/dd)								
12	Reduced Working Hours for Childcare <small>Includes plans to use</small>	<input type="checkbox"/> Plan to Use <input type="checkbox"/> Using		Time Period		(yyyy/mm/dd)	_____ to _____					
13	Is the Applicant Currently a Childcare Worker?	<input type="checkbox"/> Yes <input type="checkbox"/> They will be <input type="checkbox"/> No										
14	Notes	Sample										

To be filled out by parent or guardian

Name of Child	Date of Birth	(yyyy/mm/dd)	Relation to Applicant	<input type="checkbox"/> Child <input type="checkbox"/> Other: (_____)
Does the Child Go to a Childcare Facility/Establishment	<input type="checkbox"/> Yes (Name of facility: _____)		<input type="checkbox"/> In the Process of Applying	(Name of facility: _____)
Name of Child	Date of Birth	(yyyy/mm/dd)	Relation to Applicant	<input type="checkbox"/> Child <input type="checkbox"/> Other: (_____)
Does the Child Go to a Childcare Facility/Establishment	<input type="checkbox"/> Yes (Name of facility: _____)		<input type="checkbox"/> In the Process of Applying	(Name of facility: _____)
Name of Child	Date of Birth	(yyyy/mm/dd)	Relation to Applicant	<input type="checkbox"/> Child <input type="checkbox"/> Other: (_____)
Does the Child Go to a Childcare Facility/Establishment	<input type="checkbox"/> Yes (Name of facility: _____)		<input type="checkbox"/> In the Process of Applying	(Name of facility: _____)

How to Fill Out the Proof of Employment (Simplified Version)

■ Section related to the Employer or Welfare/Child Welfare Worker issuing the Proof of Employment

Date Issued		Write the date that this Proof of Employment was issued. • Write the year using four digits (yyyy).
Name of Business		Write the name of the employer (corporate name) issuing this Proof of Employment. • Write the name of the company, organization, group, etc., that assumes responsibility for issuing this Proof of Employment. • If the applicant is self-employed, write the name of the applicant as the employer.
Name of Representative		Write the name of the corporate representative OR if the applicant is self-employed, the name of the applicant. • If there is no representative that meets these requirements, or if the authority to issue this Proof of Employment has been granted to someone who is not associated with the employer, write the name of the person who has the authority to assume responsibility for this Proof of Employment.
Address		Write the address of the establishment issuing this Proof of Employment. • This is NOT the place of work address of the applicant being issued this Proof of Employment (hereinafter referred to as the "applicant").
Phone Number		Write the phone number of the establishment issuing this Proof of Employment.
Staff in Charge/ Staff Phone Number		Write the name and phone number of the person responsible for receiving administrative communications from the municipality regarding the contents of this Proof of Employment.

■ Section related to the place of employment

No. 1	Type of Industry	Check the appropriate box that describes the applicant's field of industry. • If none apply, check " <input type="checkbox"/> Other" and briefly explain the applicant's type of industry in the parentheses.
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■ Section related to the employee

No. 2	Name of Applicant	Write the applicant's name.
	Date of Birth	Write the applicant's date of birth.

■ Section related to employment, etc.

No. 3	(Planned) Period of Employment	Check either " <input type="checkbox"/> Indefinite" or " <input type="checkbox"/> Definite" to describe the applicant's period of employment. • If the period of employment is " <input type="checkbox"/> Indefinite," write only the starting date. If the employment period is " <input type="checkbox"/> Definite," write both the start and end date. • Write the years using four digits (yyyy). • If the contract is scheduled to be changed, write the end date based on the applicant's current contract before it will be changed.
No. 4	Place of Work	• If the name of the place of work is different from the name of the establishment issuing this Proof of Employment (as written in the upper right-hand section), write the name of the applicant's actual place of work. • If the address for the applicant's place of work is different from the address of the establishment issuing this Proof of Employment (as written in the upper right-hand section), write the address of the applicant's actual place of work. • If there are multiple places of work, write the address of the applicant's primary place of work. • If there is no place of work, write the applicant's primary location during their period of employment, such as their home address.

No. 5	Type of Employment	<p>Check the appropriate box for the type of employment.</p> <ul style="list-style-type: none"> • If the applicant is self-employed, check either "Self-Employed" (sole proprietor, manager, representative, etc.), OR "Employee of Family Business (Paid)," OR "Employee of Family Business (Unpaid)," (someone related to a self-employed person, who shares living expenses, and works for the family business unpaid). • If the applicant is both a "Contract Worker" AND a "Fiscal Year Employee," check "Fiscal Year Employee." • If the applicant is a part-time or temporary worker who does NOT fall under any of the categories of "PAATO/ARUBAITO," "Dispatched Employee," "Contract Worker," or "Fiscal Year Employee," check "Part-time/Temporary Worker." • If there is no appropriate box, check "<input type="checkbox"/> Other" and briefly describe the type of employment in the parentheses.
No. 6	Employment Hours (If applicant has a fixed schedule)	<ul style="list-style-type: none"> • Under "Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday, and Holidays," check a box for each of the days that the applicant works. • Write the total hours worked in a month. <i>Write the total hours worked per month based on the applicant's employment contract, not the actual number of hours worked. Even if the applicant is using Reduced Working Hours for Childcare, enter the number of hours the applicant worked before they started using reduced hours. If the contract only stipulates the number of working hours as per week, multiply that value by 4 (weeks). If it only stipulates the number of working hours as per year, divide that value by 12 (months). The number of working hours is the amount of working hours stipulated in the contract, it does not include overtime. Write the total amount of break time in a month (limited to breaks stipulated in employment regulations, etc.).</i> • Write the approximate number of days worked per month and worked per week. <i>Write the total hours worked per month based on the applicant's employment contract, not the actual number of hours worked. If the contract only stipulates the number of working days as per week, write "Approximate Number of Days Worked Per Month" as that value multiplied by 4 (weeks). If it only stipulates the number of working days as per month, write "Approximate Number of Days Worked Per Week" as that value divided by 4 (weeks). If it only stipulates the number of working days as per year, write "Approximate Number of Days Worked Per Month" as that value divided by 12 (months), and write "Approximate Number of Days Worked Per Week" as that value divided by 48 (weeks).</i> • Write hour times using military time (24 hours, NOT am/pm). <i>If the applicant works overnight or through the night until the next day, continue to count up past 23:00. Example: "22:00 to 29:00," if the applicant works from 22:00 to 5:00 the next morning. Write the working hours for each weekday, Saturday, Sunday, and holiday. Write the total amount of break time as the total amount of minutes (limited to breaks stipulated in employment regulations, etc.) during the relevant time period. If the applicant does not work on weekdays, Saturdays, Sundays, or National Holidays, leave this blank.</i>
	Employment Hours (If applicant does not have a fixed schedule)	<ul style="list-style-type: none"> • If the applicant does not have a fixed schedule, write the number of total hours as stipulated in the employment contract. • Write the total hours worked in a month OR in a week. <i>Write the total hours worked based on the applicant's employment contract, not the actual number of hours worked. Even if the applicant is using Reduced Working Hours for Childcare, enter the number of hours the applicant worked before they started using reduced hours. If the employee contract only stipulates the number of working hours as per day, multiply that value by 5 (days) for the total number of hours worked in a week. If the number of working hours per week is written in the application, that value multiplied by 4 (weeks) will be considered as the total number of hours worked in a month. The number of working hours is the amount of working hours stipulated in the contract, it does not include overtime. Write the total amount of break time in a month OR one week (limited to breaks stipulated in employment regulations, etc.).</i> • Write the approximate number of days worked in a month OR in a week. <i>Write the number of days worked based on the applicant's employment contract, not the actual number of days worked. If the number of days worked is only stipulated in the employee contract as per year, divide that value by 12 (weeks) for number of days worked "In a month," and by 48 (weeks) for the number of days worked "In a week."</i> • Write hour times using military time (24 hours, NOT am/pm). <i>If the applicant works overnight or through the night until the next day, continue to count up past 23:00. Example: "22:00 to 29:00," if the applicant works from 22:00 to 5:00 the next morning.</i> • For "Main Working Hours/Shift Range," write the most typical shift hours. <i>Even for employment contracts that do not stipulate core hours, etc., write the most standard shift hours, the ones that the applicant works the most. Please note that if the applicant is applying to a municipality for child-care and they work a shift schedule, there are cases where it is necessary to attach a full shift schedule.</i>

No. 7	Three Months of Work Hours Number of days includes paid leave. Hours includes breaks and overtime.	Write the approximate number of days and hours worked over the <u>last three months</u> . If the applicant didn't work during one of the months due to childcare leave, etc., write the hours worked before the applicant took leave (not including the months when the applicant took maternity or childcare leave, etc.). If the applicant hasn't worked any hours yet due to being a new hire, write an estimate for the hours they will work. <ul style="list-style-type: none"> • Write in reverse chronological order. Example: 20XX/06, 20XX/05, 20XX/04. • Include days taken as paid leave in the number of days worked. • Include overtime as number of hours worked. • Include breaks (limited to breaks stipulated in employment regulations, etc.) as number of hours worked. • If using Reduced Working Hours for Childcare, write working hours based on the amount of time actually spent working. • Write years using four digits (yyyy).
No. 8	Maternity Leave Before and After Childbirth Includes plans to take leave	If applicable, check " <input type="checkbox"/> Plan to Take Leave" or " <input type="checkbox"/> On Leave." Include any corporate maternity leave as well as maternity leave for before and/or after childbirth as guaranteed under law. <ul style="list-style-type: none"> • If the end date is not confirmed, write the assumed end date. • Write the years using four digits (yyyy).
No. 9	Childcare Leave Includes plans to take leave	If applicable, check " <input type="checkbox"/> Plan to Take Leave" or " <input type="checkbox"/> On Leave" or " <input type="checkbox"/> Leave Finished." Include any corporate childcare leave as well as childcare leave guaranteed under law. <ul style="list-style-type: none"> • If the end date is not confirmed, write the assumed end date. • If the leave is finished, write the time period. • If multiple situations are applicable, write the one closest to the date of issue of this Proof of Employment, and write the others under the "Notes" section at the bottom. Example: Applicant plans to take childcare leave or is currently on leave, but they also took leave in the past; in this case, check either "Plans to Take Leave" or "On Leave" in this "Childcare Leave" section and record the past childcare leave in the "Notes" section at the bottom. • Write years using four digits (yyyy).
No.10	Other Leave (Not for Maternity or Childcare)	If applicable, check " <input type="checkbox"/> Plan to Take Leave" or " <input type="checkbox"/> On Leave" or " <input type="checkbox"/> Leave Finished." Include any corporate leave as well as leave guaranteed under law. <ul style="list-style-type: none"> • If the end date is not confirmed, write the assumed end date. • If the applicant's leave is finished, write the time period. • If multiple situations are applicable, write the one closest to the date of issue of this Proof of Employment, and write the others under the "Notes" section at the bottom. Example: Applicant plans to take leave or is on leave, but they also took leave in the past; in this case, check either "Plan to Take leave" or "On Leave" and record the past leave in the "Notes" section at the bottom. • Write years using four digits (yyyy). • Place a checkmark next to the reason; in the case of "other," briefly explain in the parentheses.
No. 11	(Planned) Return to Work Date	If the applicant is currently on childcare leave (or plans to take leave) and also plans to return to work at the establishment which is issuing this Proof of Employment after their leave is finished, check " <input type="checkbox"/> Plan to Return" and write the date the applicant plans to return to work. If the applicant has already returned to work after taking childcare leave within the past year at the establishment issuing this Proof of Employment, check " <input type="checkbox"/> Already Returned" and write the date they returned to work. <ul style="list-style-type: none"> • Write the year using four digits (yyyy).
No.12	Reduced Working Hours for Childcare Includes plans to use	Check " <input type="checkbox"/> Plan to Use" or <input type="checkbox"/> Using" if the applicant is planning to use or is already using Reduced Working Hours for Childcare, a special system as defined by employment regulations in which the employee works shorter hours than their usual regular working hours (the hours indicated in section 6, "Employment Hours"). <p>Write the time period (start date and end date) the applicant plans to use or is using the Reduced Working Hours. Write the applicant's main working hours (start time, end time, and break time) under the reduced working hour system.</p> <ul style="list-style-type: none"> • The applicant's working hours under the Reduced Working Hours system should be written in this section, Section 12. The applicant's regular working hours (the original hours before the Reduced Working Hours system is applied) should be written in Section 6. • Write the years using four digits (yyyy).

■Other Sections

No. 13	Is the Applicant Currently a Childcare Worker?	Check the applicable box " <input type="checkbox"/> Yes," " <input type="checkbox"/> They will be," or " <input type="checkbox"/> No," regarding if the applicant is currently working as a childcare worker or nursery school teacher.
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No. 14	Notes	<ul style="list-style-type: none">• If the applicant is an employee that has been transferred to a post away from their family, briefly describe the situation in this section.• If the applicant arrives at work earlier and/or leaves work later than the hours indicated in section 6 "Employee Hours," due to a special system under employee regulations (e.g., must arrive at work 15 minutes before working hours begin, etc.), briefly describe the situation in this section.• If the applicant is using leave other than the childcare leave indicated in section 9 and the maternity leave indicated in section 10, briefly describe the situation in this section.• If there are any other special remarks, briefly describe the situation in this section.
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