

Certificate of Conditions of Employment

※This is a form to be filled out by the company where the dependent works.

Name		Date of birth	(Y) (M) (D)
Type of employment	Full-time employee / Part timer or casual worker / Temporary staff / Other ()		
Employment period	Date: (Y) (M) (D) to (Y) (M) (D) * Enter the employment contract period and not the actual date when work started		
Work hours	(1)	From (hh): (mm) to (hh): (mm) (Actual number of hours worked:) (days on average per month)	
	(2)	From (hh): (mm) to (hh): (mm) (Actual number of hours worked:) * Fill out (2) when there are multiple work hours (days on average per month)	
Salary	Monthly salary / Daily wage / Hourly wage (yen) / Bonus(※1) (yen/year)		
Transportation expense	<input type="checkbox"/> (yen) per month / <input type="checkbox"/> (yen) per day(※2) / <input type="checkbox"/> None paid		
Health Insurance	Enrolled / Not enrolled		

(※1) If no bonus is paid, enter "0." Enter the expected amount of bonus payment.

(※2) When transportation expenses are paid for each day worked, etc.

I certify the facts as stated above,

Date: (Y) (M) (D)

Office address _____

Telephone number _____

Name of office _____

Representative
(person in charge) _____

Date request received (stamp)