

The company where your dependents work should fill out this form.

Conditions of Employment

Completed by the company where the dependent works.

Name	Kenpo Hanako		Date of birth	1980 (Y) 10 (M) 13 (D)
Type of employment	Full-time employee / Part timer or casual worker / Temporary staff / Other ()			
Employment period	Date: 2020 (Y) 4 (M) 1 (D) to (Y) (M) (D) * Enter the employment contract period and not the actual date when work started			
Work hours	(1)	From 9(hh): 30(mm) to 18(hh): 30(mm)	(Actual number of hours worked: 8) (5 days on average per month)	
	(2)	From 13(hh): 30(mm) to 18(hh): 30(mm)	(Actual number of hours worked: 5) * Fill out (2) when there are multiple work hours (5 days on average per month)	
Salary	Monthly salary / Daily wage / Hourly wage (1,250 yen) / Bonus(※1) (0 yen/year)			
Transportation expense	<input type="checkbox"/> () yen per month / <input checked="" type="checkbox"/> (440 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: 2021 (Y) 10 (M) 1 (D)

Office address X-X-X Sendagaya, Shibuya-ku, Tokyo

Telephone number ○○○-○○○-○○○○

Name of office ○○○○

Representative (person in charge) ○○○○

Date request received (stamp)