Certificate of Employment

To Executive Vice President of Tohoku University

	D	ate of Ce	rtificatio	on:						
	N	Name of Business:								
	N	Name of Representative:								
	A	Address :								
	N	Name of Individual in Charge:								
	Contact Information of Respondent:									
hereby certify t	hat the	following c	ontents ar	e true.						
N a m e						Date of birth				
Job title						of hiring		(Official / Tentative	e)	
Duties (in detail)										
Working	A 1. Regular employee 2. Part-				timer 3. Oth			er ()		
arrangement	В 1.1	Permanent		2. Non-	permar	nent	3. Oth	er ()		
Working days	Mon. / Tue. / Wed. / Thu. / Fri. / Sat. * In the case of irregular working: days per w								ek	
Employment (planned) period, etc.	□Indefinite Employment Period (※Fixed term) From					to				
Working hours	Weekdays	From	: a.n	n./p.m. to	:	a.m./p	.m.	hours per d (excluding break times)	ay	
	Saturday	From	: a.m	n./p.m. to	:	a.m./p	.m.	hours per d (excluding break times)	ay	
	* In the case of irregular working Working hours: hours per month									
Workplace	TEL									
		In the c	ase of a lea	ave of abse	nce froi	m work, e	etc.			
Reasons for the leave of absence	1. Maternity leave 2. Childcare lea					3. Other	(,)	
Duration of the leave of absence	From				tc)				
Date of reinstatement	mm dd			уууу	уууу ЖІ		'ill in after reinstatement			
Matters to be mentioned										

Note: This certificate is to be submitted to an Executive Vice President of Tohoku University when a person responsible for supporting a child files an application for new or continued admission to the childcare facilities of Tohoku University.

^{*} Please ensure that all the required items are completely filled out.