

To Whom It May Concern:

Date _____ / _____ / _____

Certification of Employment:

This is to certify that _____ is an
employee of _____.

Please fill in the blanks regarding his/her working conditions.

Date of Employment	MONTH DAY YEAR / ,
Company Position	
Monthly Working Days	Days
Average Working Hours in a week	Hours
Daily Working Hours	(:) ~ (:)
Basic Pay Please <input checked="" type="checkbox"/> on that pertain to him/her	<input type="checkbox"/> Hourly Wege (Yen • Dollar) <input type="checkbox"/> Daily Wege (Yen • Dollar) <input type="checkbox"/> Monthly Salary (Yen • Dollar)
His/Her Home Address	

This certification is issued to whatever purpose it may serve him/her best.

Name of Authorized Signature: _____

Name: _____

Position: _____

Phone Number: _____

Company Name: _____ **STAMP**

※If you have the company stamp, please affix it at the side of company name.

This document will be used to judge the admission for a nursery school in Nakagusuku.

Child Section, Nakagusuku Village Office