

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 Wedge (Yen • Dollar) <input type="checkbox"/> Daily Wedge (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 pass or fail accreditation in Chatan.
Children and Home Section, Chatan Town Office