別記様式第1号の2(第3条関係)

Appended Form No. 1-2 (related to Article 3)

Date:　　/　　/

MM/DD/YYYY

Certificate of Employment

To Executive Vice President (Kasumi campus, faculty Personnel and Public Relations),

Hiroshima University

Employer:　 Name of Organization:

Address:

Name of Representative:

Tel:

　This is to certify that the person detailed below has been employed as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Employee |  | | |
| Place of Work  (Address) |  | | |
| Start Date of Employment | MM/DD/YYYY | Job Category |  |
| Period of Employment  \* Please specify only if the employee works for a fixed term. | From / / to / /  MM/DD/YYYY to MM/DD/YYYY | | |
| Work Arrangements | Full-time　・　Part-time　・  Others（　　　　　　　　　　　　　　　） | | |
| Number of Working Days | ＿＿ days per month  ＿＿ days per week (Mon., Tue., Wed., Thu., Fri., Sat., Sun.) | | |
| Working Hours | From HH:MM to HH:MM  \* If working hours vary depending on the day of the week, please specify. | | |
| Remarks |  | | |

\* This certificate should be prepared by the employer of the company where the worker works, not by the worker himself/herself.

\* If you make or alter the contents of this certificate without the permission of your employer, you may be charged with a crime under the Criminal Code.

（To employer）

\* As of the date of certification, if this employee has taken childcare leave, or if s/he plans to acquire the leave, please enter the (planned) start and end dates of the leave in ‘remarks’ column.