Certificate of Conditions of Employment

Name			Date of birth	Showa / Heisei (Y) (M) (D)
Type of employment	Full-time employee / Part timer or casual worker / Temporary staff / Other ( )			
Employment period	Date: to * Enter the employment contract period and not the actual date when work started			
Work hours	(1)	From (hh): (mm) to (hh): (mm) (Actual number of hours worked:) (days on average per month)		
	(2)	From (hh): (mm) to (hh): (mm) (Actual number of hours worked:) * Fill out (2) when there are multiple work hours (days on average per month)		
Salary	Monthly salary / Daily wage / Hourly wage (yen) / Bonus (yen/year			
Transportation expense	(yen) per month / None paid			
Health Insurance	Enrolled / Not enrolled			

I certify the facts as stated above,

Date:

Office address _____

Telephone number _____

Name of office _____

Representative (person in charge) _____

Date request received (stamp)

Works Human Intelligence Health Insurance Society