

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)

Mercari Health Insurance Association