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|  | 就 労 証 明 書 | | | | | | | | | | | | | | | | | | |  | |
|  | １．勤務先について | | | | | |  | |  |  | |  | |  |  | |  | |  | |  |
|  | 業　　種 | | | |  | | | | | | | | | | | | | | |  | |
|  | ２．就労者について | | | | | |  | |  |  | |  | |  | | | | | |  | |
|  | 氏　　名 | | | |  | | | | | | | | | | | | | | |  | |
|  | 住　　所 | | | |  | | | | | | | | | | | | | | |  | |
|  | 生年月日 | | | |  | | | | | | | | | | | | | | |  | |
|  | ３．勤務先について | | | | | |  | |  |  | |  | |  | | | | | |  | |
|  | 事業所名 | | | |  | | | | | | | | | | | | | | |  | |
|  | 住　　所 | | | |  | | | | | | | | | | | | | | |  | |
|  | 電話番号 | | | |  | | | | | | | | | | | | | | |  | |
|  | ４．就労状況について | | | | | |  | |  |  | |  | |  |  | |  | |  | |  |
|  | 雇用期間 | | | | 年　　　月　　　日　　〜　　　　年　　　月　　　日 | | | | | | | | | | | | | | |  | |
|  | 雇用形態 | | | |  | | | | | | | | | | | | | | |  | |
|  | 就労時間 | | | | 平日 | | 時　　分 | | | | | 〜 | | 時　　分 | | | | | |  | |
|  | 土曜 | | 時　　分 | | | | | 〜 | | 時　　分 | | | | | |  | |
|  | 日曜 | | 時　　分 | | | | | 〜 | | 時　　分 | | | | | |  | |
|  | 合計就労時間 | | | |  | | | | | | | | | | | | | | |  | |
|  | 労働実績 | | | |  | | | | |  | | | | |  | | | | |  | |
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|  | 産休の取得 | | | | 取得中 | | | | | 年　　月　　日　〜　　　年　　月　　日 | | | | | | | | | |  | |
|  | 育休の取得 | | | | 取得予定 | | | | | 年　　月　　日　〜　　　年　　月　　日 | | | | | | | | | |  | |
|  | 復職予定日 | | | | 年　　　月　　　日 | | | | | | | | | | | | | | |  | |
|  | ５．その他 | | | |  | |  | |  |  | |  | |  | | | | | |  | |
|  | 備　　考 | | | |  | | | | | | | | | | | | | | |  | |
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|  | 上記の就労状況について証明いたします。 | | | | | | | | | | | | | | | | | | |  | |
|  | 年　　　月　　　日 | | | | | | |  | |  |  | |  | |  |  | |  | |  | |
|  |  |  | |  | |  | | 証明者 | | | | | | | | | | | |  | |
|  |  |  | |  | |  | | 〒 | | | | | | | | | | | |  | |
|  |  |  | |  | |  | | 株式会社 | | | | | | | | | | | |  | |
|  |  |  | |  | |  | | 代表取締役 | | | | | | | | | | | |  | |
|  |  |  | |  | |  | |  | |  |  | |  | |  |  | |  | |  | |