

特 定 技 能 外 国 人 の 履 歴 書

CURRICULUM VITAE OF THE SPECIFIED SKILLED WORKER

①Name	Roman letters				② Sex	Male / Female
	Kanji characters				③ Date of birth	DD/MM/YY
④Nationality (country or region)					⑤ Reasonably fluent languages	
⑥Address in the country of origin or country of residence		(Tel: — —)				
⑦Educational background/ occupational history		Year	Month	Most recent educational background/ main occupations		
⑧Qualifications/ licenses						
⑨If you have previously resided in Japan with the status of residence of "Technical Intern Training", give your residence history.		Year	Month	Status of residence	Organization of affiliation, etc.	Supervising organization

Notes.

Section ①. Write the name exactly as given in the passport in Roman letters, and if there is a name in kanji characters, give it together with the Roman letters.

Section ⑤. Write the languages that the specified skilled worker is able to sufficiently understand (native language and others).

Section ⑨. Describe in detail the periods of residence in Japan with the status of residence of "Technical Intern Training", the implementing organization of the technical intern training, and the supervising organization (only in cases of supervising-organization-type technical intern training).

I hereby declare that the statement given above is true and correct.

Prepared on DD/MM/YYYY

Signature of the specified skilled worker

健 康 診 断 個 人 票

HEALTH CHECK REPORT

Name			Date of birth	DD/MM/YYYY	Date of health check	DD/MM/YYYY
			Sex	Male / female	Age	years
Work history			Blood pressure (mmHg)			
			Anemia test	Hemoglobin level (g/dl)		
				Red blood cell count (10,000/mm ³)		
Past history			Liver function test	GOT (IU/l)		
				GPT (IU/l)		
				γ - GTP (IU/l)		
Subjective symptoms			Blood lipid examination	LDL cholesterol (mg/dl)		
				HDL cholesterol (mg/dl)		
				Triglyceride (mg/dl)		
Objective symptoms			Blood glucose test (mg/dl)			
			Urinalysis	Glucose		
				Protein		
Height (cm)						
Weight (kg)			Electrocardiograph examination			
			Other examinations			
BMI			Physician's diagnosis			
Waist circumference (cm)						
Eyesight	Right	()				
	Left	()				
Hearing	Right	1 Normal 2 Impaired				
	1,000Hz	1 Normal 2 Impaired				
	4,000Hz		Remarks			

	Left 1,000Hz 4,000Hz	1 Normal 2 Impaired 1 Normal 2 Impaired	
Tuberculosis, etc.	Chest X-ray examination Film no.	Direct Taken Indirect DD/MM/YYYY No. Findings:	

Notes.

1. The BMI is calculated using the following formula.
$$\text{BMI} = \frac{\text{Body weight(kg)}}{\text{Height(m)}^2}$$
2. In the column of “Eyesight”, write the number outside the parentheses () if it has not been corrected, and inside the parentheses () if it has been corrected.
3. If abnormal findings are found in the “Chest X-ray examination” section, conduct a sputum examination and confirm there is no active tuberculosis.
4. In the “Physician’s diagnosis” section, fill in the physician’s diagnosis such as no abnormality, detailed examination required, medical examination required, etc.
5. If a disease is currently being treated, describe the medical condition which needs to be noted medically, such as the current medical history and the name of the disease in the “Physician’s diagnosis” section. In addition, in such case, describe all the prescribed drugs in the remarks section.

The person mentioned above is not infected with the infectious diseases shown above and there are no health risks with regard to conducting stable and continuous employment activities in Japan.

(Physician) Signature

受診者の申告書 Declaration by Medical Checkup Examinee

私は、通院歴、入院歴、手術歴、投薬歴の全てを医師に申告した上で、医師の診断を受けました。

I hereby declare that I informed a doctor of my full medical history, including hospital visits, hospitalization, surgeries, and medication. After providing this information, I was examined by the doctor.

作 成 年 月 日 年 月 日
Prepared on DD /MM /YYYY

申 請 人 の 署 名
Signature of the applicant

特 定 技 能 雇 用 契 約 書

EMPLOYMENT CONTRACT FOR SPECIFIED SKILLED WORKERS

Organization of affiliation of the specified skilled worker _____
(hereinafter referred to as “organization”)

Specified skilled worker (including specified skilled worker candidates) _____
(hereinafter referred to as “specified skilled worker”)

This Employment Contract is hereby entered into in accordance with the contents described in the attached Written Employment Conditions.

This Employment Contract shall come into effect upon the specified skilled worker entering Japan with the status of residence of “Specified Skilled Worker (i)” or “Specified Skilled Worker (ii)”, and starting to engage in the activities for the work requiring the skills provided for in an ordinance of the Ministry of Justice as stipulated by the Minister of Justice for a specified industrial field.

The period of the Employment Contract (beginning and end of the Employment Contract) stated in the Written Employment Conditions must be changed in accordance with the actual date of entry if the date of entry of the specified skilled worker differs from the scheduled date of entry.

The Employment Contract shall be terminated at the time of the period of the Employment Contract expiring without being renewed, or if the specified skilled worker has forfeited the status of residence for any reason.

The Employment Contract and Written Employment Conditions shall be prepared in duplicate, and one copy shall be retained by each party.

Entered into on DD/MM/YYYY

Organization _____ Seal
(Name of the organization of affiliation of the
specified skilled worker, and name, title and seal of
its representative)

Specified skilled worker _____
Signature of the specified skilled worker)

雇 用 条 件 書

WRITTEN EMPLOYMENT CONDITIONS

DD/MM/YYYY

To: _____

Name of the organization of affiliation of the specified skilled worker: _____

Address: _____

Tel. no.: _____

Representative's name and title: _____ Seal

I. Period of the employment contract

1. Period of the employment contract

(From: (DD/MM/YYY) to (DD/MM/YYYY) Scheduled date of entry: DD/MM/YYYY)

2. Renewal of contract

- ☐ The contract shall be automatically renewed ☐ The contract may be renewed
☐ The contract is not renewable

*If the contract may be renewed, the renewal of the contract shall be determined by the following criteria.

- ☐ Volume of work to be done at the time the term of contract expires ☐ Employee's work record and work attitude
☐ Employee's capability to execute their tasks
☐ Business performance of the company ☐ State of progress of the work done by the employee
☐ Other ()

II. Place of employment

- ☐ Direct employment (fill in below) ☐ Dispatch employment (fill in the separate "Employment Conditions Statement")

Name of office _____

Address _____

Contact information _____

III. Contents of work to be engaged in:

1. Field ()
2. Work category ()

IV. Working hours, etc.

1. Start and finish times

(1) Start time: (:) Finish time: (:) (Number of prescribed working hours in one day: () hours () minutes)

(2) 【If the following systems apply to the worker】

- ☐ Irregular labor system : irregular labor system unit ()

* If an irregular labor system is adopted, attach a copy of the yearly calendar in a language the specified skilled worker can fully understand, and a

copy of the agreement on the irregular labor system submitted to the Labor Standards Inspection Office.

☐ Work shift system using a combination of the following working hours

Start time (:) Finishing time (:); Day applied (); prescribed working hours for one day () hours () mins

Start time (:) Finishing time (:); Day applied (); prescribed working hours for one day () hours () mins

Start time (:) Finishing time (:); Day applied (); prescribed working hours for one day () hours () mins

2. Break time (minutes)

3. No. of prescribed working hours ① Week () hours () mins ② Month () hours () mins ③ Year () hours () mins

4. No. of prescribed working days ① Week () days ② Month () days ③ Year () days

5. Overtime work ☐ Yes ☐ No

○ Details are stipulated in Article (), Article () and Article () of the Rules of Employment.

V. Days off

1. Regular days off: Every (), national holidays, others () (total number of annual days off: () days

2. Additional days off: () days per week/month, others ()

○ Details are stipulated in Article (), Article () of the Rules of Employment.

VI. Leave

1. Annual paid leave Those working continuously for six months or more → () days

Those working continuously for up to six months (☐ Yes ☐ No) → After a lapse of () months and () days

2. Other leave Paid () Unpaid ()

3. Leave for temporary return home: If the specified skilled worker wishes to return home temporarily, he or she must be given necessary days off within the scope of the abovementioned 1 and 2.

○ Details are stipulated in Article (), Article () of the Rules of Employment.

VII. Wages

1. Basic pay ☐ Monthly wage (yen) ☐ Daily wage (yen) ☐ Hourly wage (yen)

* Details given in the attachment.

2. Various allowances (excluding additional pay rate for overtime)

(allowance, allowance, allowance)

* Details given in the attachment.

3. Additional pay rate for overtime, holiday work or night work

(1) Overtime work: Legal overtime 60 hours or less a month () %

Legal overtime over 60 hours a month () %

Fixed overtime () %

(2) Holiday work Legal holiday work () %, Non-legal holiday work () %

(3) Night work () %

4. Closing day of payroll ☐ () of every month; () of every month

5. Pay day ☐ () of every month; () of every month

6. Method of wage payment ☐ Bank transfer ☐ Payment in yen (cash)

7. Deduction from wages in accordance with labor-management agreement ☐ No ☐ Yes

* Details given in the attachment.

8. Wage raise ☐ Yes (Timing, amount, etc.) ☐ No

9. Bonus ☐ Yes (Timing amount, etc.) ☐ No

10. Retirement allowance ☐ Yes (Timing, amount, etc.) ☐ No

11. Leave allowance ☐ Yes (rate _____)

VIII. Items concerning retirement

1. Procedure for retirement for personal reasons (Notification should be made to the president or the factory foreman, etc. no less than () days before retirement)

2. Reasons and procedure for the dismissal

In cases of dismissal, the specified skilled worker shall be dismissed through being given 30 days' advance notice or at least 30 days of the average wage only when there are unavoidable reasons for the dismissal. In cases of dismissal based on a cause attributable to the fault of the specified skilled worker, there is the possibility of immediate dismissal without giving advance notice or the average wage being paid on approval being obtained from the Director of the Labor Standards Office Concerned.

Details are stipulated in Article (), Article () of the Rules of Employment.

IX. Others

1. Joining social insurance / employment insurance (☐ Employees' pension insurance, ☐ Health insurance, ☐ Employment insurance
☐ Industrial accident insurance ☐ National pension)
☐ National health insurance ☐ Others ()

2. Health check at the time of hiring: Month () Year ()

3. First regular health check: Month () Year () (every () afterwards)

4. If the specified skilled worker is unable to pay for the travel expenses to return to his or her home country after the termination of this contract, the organization shall pay for the travel expenses and take necessary measures to ensure smooth departure.

Recipient (signature)

PAYMENT OF WAGES

* Amount per month in cases of daily or hourly wages (yen)

(d) (allowance yen; Calculation method)

(approx. yen)

(approx. yen)

Amount to be deducted approx. yen (total)

5. Take-home pay (3 - 4) approx. yen (total)

* Provided there is no absence from work, etc. and excluding additional pay, etc. for overtime work.

事前ガイダンスの確認書

CONFIRMATION OF ADVANCE GUIDANCE

1. Matters concerning the content of the work I am engaged in, the amount of remuneration, and other working conditions
2. Contents of the activities I am permitted to engage in while in Japan
3. Matters concerning the procedures for when I enter Japan
4. Neither I nor my spouse, lineal relative or relative cohabiting with me or any other person who has a close relationship with me in terms of a social life are, in connection with the activities I am to engage in while in Japan based on an employment contract for specified skilled workers, paying a deposit, or having my money or other property otherwise being managed regardless of the reason therefor, and I have not entered into a contract nor am I expected to enter into a contract that stipulates penalties with regard to non-performance of the employment contract for specified skilled workers or a contract which otherwise expects the transfer of undue money or other property.
5. If I am paying expenses to an organization in my own country or another country in connection with an application for an employment contract for specified skilled workers, or for preparation for the activities of specified skilled worker (i), I fully understand the amount and breakdown of the expenses, and the organization must have entered into an agreement with me about these expenses.
6. I am not being made to pay directly or indirectly for the expenses required for my support.
7. The organization of affiliation of specified skilled workers, etc. must pick me up from the seaport or airport at which I intend to enter Japan.
8. I am being given support pertaining to securing appropriate housing for me.
9. There is a system in place so I can make a request for advice or to make a complaint about my work life, general living or social life.

From: Time (:) to (:) on DD/MM/YYYY

From: Time (:) to (:) on DD/MM/YYYY

From: Time (:) to (:) on DD/MM/YYYY

Name of the organization of affiliation of specified skilled workers (or registered support organization)

Name of the explaining party

_____ *(Seal)*

I have received an explanation from the above person and fully understood the contents.

In addition, with regard to 4, neither I, my spouse nor any related person has entered into a contract concerning the payment of a deposit or penalties, nor will I enter into such contract in the future.

Signature of the specified skilled worker _____ DD/MM/YYYY

支払費用の同意書及び明細書

CONSENT FOR PAYMENT OF EXPENSES AND WRITTEN STATEMENT OF EXPENSES

Specified skilled worker paying expenses

Name:

Sex:

Date of birth: DD/MM/YYYY

Nationality / region:

Expenses collected by the organization in a foreign country

	Name of organization collecting expenses	Expense item	Date of collection	Amount
1			DD/MM/YYYY	(yen)
2			DD/MM/YYYY	(yen)
3			DD/MM/YYYY	(yen)
4			DD/MM/YYYY	(yen)
5			DD/MM/YY'YY	(yen)
				Total (yen)

Notes.

1. The organization in a foreign country is not restricted to any particular organization, and means an organization which mediates applications for employment contracts for specified skilled workers or is involved in the preparations for the activities.
2. Give the amount in the local currency or USD, and write the amount converted into Japanese yen in parentheses.
3. For the expense items, give the expense item as indicated to the applicant.

I paid the abovementioned amounts to the organization in a foreign country for the mediation of an application for the employment contract for a specified skilled worker or the preparations for the activities related to the status of residence of “Specified Skilled Worker” having fully understood the breakdown of the expenses.

In addition, I have not paid any expenses other than the expenses listed above.

Prepared on DD/MM/YYYY

Signature of the specified skilled worker

技能移転に係る申告書

WRITTEN DECLARATION ON THE TRANSFER OF SKILLS

Declarant

Name:

Sex: Male / Female

Date of birth:

Nationality / region:

I hereby declare the following matters.

Details

I am aware that the purpose of the technical intern training program in Japan is to promote international cooperation by transferring skills, etc. to developing regions etc.

I have acquired the skills, etc. pertaining to _____ that would be difficult to acquire, etc. in my home country of _____, and have completed the technical intern training.

Therefore, I would like to work on transferring the skills, technology or knowledge pertaining to _____ which I acquired in Japan, or for which I increased or attained proficiency, to my home country upon my return to my home country in future,

I hereby declare that the statement given above is true and correct.

Date: (DD/MM/YYYY)

Signature of the declarant _____

就業条件明示書
Statement of Employment Conditions

年 月 日
DD/MM/YYYY

To: 殿

特定技能所属機関の氏名又は名称
Name of the organization of affiliation of the specified skilled worker

住所
Address

電話番号
Telephone Number

代表者の氏名・役職
Name and title of the representative

派遣先の氏名又は名称
Name of client

印 Seal

印 Seal

次の条件で労働者派遣を行います。
The employment conditions for worker dispatch are as follows.

業務内容 Job description	
就業場所 Workplace	事業所名（部署名） Name of the place of business (Name of department) 所在地 Address (電話番号 (Telephone number
組織単位 Organizational unit	
指揮命令者 Manager	職名 Title 氏名 Name
派遣期間 Period of worker dispatch	年 月 日から 年 月 日まで from DD/MM/YYYY to DD/MM/YYYY (派遣先の事業所における期間制限に抵触する日) 年 月 日 (The first day the work concerned will come into conflict with the restriction on the period per place of business of client) DD/MM/YYYY (組織単位における期間制限に抵触する日) 年 月 日 (The first day the work concerned will come into conflict with the restriction on the period per organizational unit) DD/MM/YYYY なお、派遣先の事業所における派遣可能期間の延長について、当該手続を適正に行っていない場合や派遣労働者個人単位の期間制限を超えて労働者派遣の役務の提供を受けた場合は、派遣先は労働契約申込みみなし制度の対象となる。 However, if the applicable procedure for extending the period for which dispatch is possible at the client's place of business is not properly performed, or if the client receives the provision of worker dispatch services for a period that exceeds the maximum period per dispatched worker, the client is deemed to have offered the subject worker an employment contract.
就業日及び就業時間 Work days and hours	就業日 Work days 就業時間 時 分から 時 分まで Work hours from : to : (うち休憩時間 時 分から 時 分まで) (Break time from : to :)
安全及び衛生 Health & safety	
時間外労働及び休日労働 Overtime work/work on holidays	時間外労働（無/有）→（1日 時間/週 時間/月 時間） Overtime work (No/Yes) → (hours per day, hours per week, hours per month) 休日労働（無/有）→（1月 回） Work on holidays (No/Yes) → (times per month)
派遣元責任者 Responsible person acting for the dispatch business operator	職名 氏名 (電話番号) Title Name (Telephone number)
派遣先責任者 Responsible person acting for the client	職名 氏名 (電話番号) Title Name (Telephone number)
福利厚生施設の利用等 Use of welfare facilities, etc.	

- ・ 免許の取得、技能講習の終了の有無等就業制限に関する事項（例えば、就業制限業務を行わせる場合には、当該業務を行うための免許や技能講習の種類等）
Matters concerning restrictions on employment, such as license acquisition, completion of a skill training course, etc. (e.g. if the dispatched worker is to engage in work that imposes restrictions on employment, fill in the types of license and skill training course that will enable the dispatched worker to perform the work, etc.)
 - ・ 安全衛生管理体制に関する事項
Matters concerning the health and safety management system
 - ・ その他派遣労働者の安全及び衛生を確保するために必要な事項
Other matters necessary for ensuring the health and safety of the dispatched worker
- 8 「時間外・休日労働」については、6の派遣就業をする日以外の日に派遣就業をさせることができ、又は派遣就業の開始の時刻から終了の時刻までの時間を延長することができる旨の定めを労働者派遣契約において行った場合には、当該派遣就業をさせることができる日又延長することができる時間数を記載すること。
Regarding the "Overtime work/work on holidays" section, if the provision that enables the dispatch business operator to have the dispatched worker work on a day other than work days mentioned in paragraph 6 above, or extend the work hours (from the start time to the finish time of the dispatch work) is stipulated in the worker dispatch contract, fill in the available day(s) for such dispatch work, or the extendable hours.
- なお、労働者派遣契約においてこの定めをする場合には、当該定めの内容が派遣元事業主と派遣労働者との間の労働契約又は派遣元事業場における36協定により定められている内容の範囲内であることが必要である。
However, for this provision in the worker dispatch contract to take effect, the contents of such provision must be within the scope of the contents of the provisions of the labor contract between the dispatch business operator and the dispatched worker, or 36 agreement at the dispatch business operator's place of business.
- 9 「派遣先責任者」は、派遣先責任者の選任を要しない場合であっても、派遣先責任者が選任されている場合には記載すること。
Even in cases that do not require an appointment with the responsible person acting for the client, if such person is appointed, fill in his/her name in the "Responsible person acting for the client" section.
- 10 「福利厚生施設の利用等」欄には、派遣先が派遣労働者に対し、診療所、給食施設等の施設であって現に派遣先に雇用される労働者が通常利用しているものの利用、レクリエーション等に関する施設又は設備の利用、制服の貸与その他の派遣労働者の福祉の増進のための便宜を提供する旨の定めを労働者派遣契約において行った場合には、その定めを記載すること。
If the provision where the dispatch business operator allows the dispatched worker to use facilities such as the infirmary, food service facilities, etc., which are in fact normally used by the regular employees of the client concerned, use recreational facilities or equipment, use the uniform lending service, and receive other benefits to promote the welfare of the dispatched worker, is stipulated in the worker dispatch contract, fill in the provision in the "Use of welfare facilities, etc." section.
- 11 「苦情の処理・申出先」欄には、派遣労働者から苦情の申出を受けた場合の苦情の処理について、労働者派遣契約に定めた苦情の申出先、苦情の処理方法、派遣元事業主と派遣先の連絡体制等を具体的に記載すること。
Regarding the handling of complaints that have been submitted by the dispatched worker, enter in detail the contact information, how to handle complaints, and the communication network between the dispatch business operator and the client, which are specified in the worker dispatch contract, etc., in the "Persons in charge of handling complaints submitted by the dispatched worker" section.
- 12 「派遣契約解除の場合の措置」欄には、派遣労働者の責に帰すべき事由以外の事由による労働者派遣契約の解除が行われた場合には派遣先と連携して新たな就業機会の確保を図ること、労働者派遣契約の解除に伴う解雇を行った場合には労働基準法等に基づく責任を果たすこと等、派遣労働者の雇用の安定を図るための措置を具体的に記載すること。
In the section of "Measures for terminating the worker dispatch contract," enter in detail the measures to contribute to stable employment of dispatched workers (e.g. in the case of terminating a worker dispatch contract for reasons not attributable to the dispatched worker, strive to secure new job opportunities in cooperation with the client, and in the case of dismissal by terminating a worker dispatch contract, fulfill the responsibilities stipulated in the Labor Standards Act and related laws, etc.).
- 13 「派遣先が派遣労働者を雇用する場合の紛争防止措置」欄には労働者派遣の役務の提供を受ける者が、労働者派遣の終了後に、当該労働者派遣に係る派遣労働者を雇用する場合に、その雇用意思を事前に労働者派遣をする者に対し示すこと、当該者が職業紹介を行うことが可能な場合は職業紹介により紹介手数料を支払うことその他の労働者派遣の終了後に労働者派遣契約の当事者間の紛争を防止するために講ずる措置を記載すること。
In the "Measures for preventing disputes where the client employs the dispatched worker" section, describe the following measures. In the case where the service recipient of worker dispatching employs the dispatched worker pertaining to the said worker dispatching after the termination of worker dispatching:
(i) The service recipient must show the dispatch business operator its intention to employ the dispatched worker in advance.
(ii) If such dispatch business operator can provide the employment placement service, that service recipient shall pay the placement fee for the employment placement service.
(iii) Other measures to be taken to prevent disputes among parties concerned in the worker dispatch contract after termination of worker dispatch.
- 14 「備考」欄
"Remarks" section
- ① 政令第4条第1項各号で定める業務について労働者派遣を行う場合は、政令の号番号を記載すること。
(1) If worker dispatch is carried out for work prescribed by each item of Article 4 (1) of the Cabinet Order, the item number of the Cabinet Order shall be stated.
ただし、日雇労働者に係る労働者派遣が行われないことが明らかである場合は、この限りではない。
However, this shall not apply to the case where it is clear that worker dispatch does not pertain to day laborers.
- ・ 「日雇労働者に係る労働者派遣が行われないことが明らかである場合」とは、
"The case where it is clear that worker dispatch does not pertain to day laborers" shall mean any of the following,
 - (i) 無期雇用労働者(a)の労働者派遣に限る場合
Worker dispatch is limited to dispatched workers with indefinite-term contracts (a).
 - (ii) 契約期間が31日以上の有期雇用労働者(b)の労働者派遣に限る場合
Worker dispatch is limited to dispatched workers with fixed-term contracts whose term is 31 days or more (b).
 - (iii) (a)又は(b)の労働者派遣に限る場合
Worker dispatch is limited to the aforementioned dispatched workers (a) or (b).
- のいずれかであり、かつその旨を「備考」欄に記載すること。
and must be stated in the "Remarks" section.
- ② 派遣可能期間の制限を受けない業務に係る労働者派遣を行う場合は、それぞれ必要事項を「備考」欄に記載すること。
(2) If worker dispatch is carried out for work that is not subject to the restriction on the period for which dispatch is permitted, enter the necessary details in the "Remarks" section.
- ・ 事業の開始、転換、拡大、縮小又は廃止のための業務について労働者派遣を行う場合は、その旨を記載すること。
If the worker is dispatched to engage in work to start, change, expand, downsize, or close down the business, this fact must be stated.

- ・ その業務が1か月間に行われる日数が当該派遣就業に係る派遣先に雇用される通常の労働者の1か月間の定労働日数に比し相当程度少くかつ月10日以下である業務について労働者派遣を行う場合は、(i)その旨、(ii)当該派遣先においてその業務が1か月間に行われる日数、(iii)当該派遣先の通常の労働者の1か月間の所定労働日数を記載すること
- ・ In the case of worker dispatching for work where the number of days on which that work is performed in a period of one month is considerably less than the normal prescribed number of working days per month for the regular employees employed by the client for that dispatch work, and is 10 days or less, fill in the following details.
 - (i) The details of the work undertaken
 - (ii) The number of days on which that work is performed in a period of one month at that client
 - (iii) The normal prescribed number of working days per month for regular employees employed by that client
- ・ 産前産後休業、育児休業等の代替要員としての業務について労働者派遣を行う場合は、派遣先において休業する労働者の氏名及び業務並びに当該休業の開始及び終了予定の日を記載すること。
- ・ If dispatching the worker to fulfill the duties of an employee taking maternity leave before and after childbirth, child-care leave, etc., fill in the name and work duties of the employee who is taking such leave and is employed by the client, and the scheduled start and end date of such leave.
- ・ 介護休業等の代替要員としての業務について労働者派遣を行う場合は、派遣先において休業する労働者の氏名及び業務並びに当該休業の開始及び終了予定の日を記載すること
- ・ If dispatching the worker to fulfill the duties of an employee taking family care leave, etc., fill in the name and work duties of the employee who is taking such leave and is employed by the client, and the scheduled start and end date of such leave.

- ③ 紹介予定派遣に係る労働者派遣である場合には、(i)紹介予定派遣である旨、(ii)紹介予定派遣を得て派遣先が雇用する場合に予定される雇用契約の期間の定めの有無等の労働者派遣契約において定めた紹介予定派遣に関する事項、(iii)紹介予定派遣を受けた派遣先が、職業紹介を受けることを希望しなかった場合又は職業紹介を受ける者を雇用しなかった場合には、それぞれのその理由を、派遣労働者の求めに応じ、書面、ファクシミリ又は電子メール（ファクシミリ又は電子メールによる場合にあっては、当該派遣労働者が希望した場合に限る。）により、派遣労働者に対して明示する旨、(iv)紹介予定派遣を経て派遣先が雇用する場合に、年次有給休暇及び退職金の取扱いについて、労働者派遣の期間を勤務期間に含めて算入する場合はその旨を「備考」欄に記載すること。

In the case of the worker dispatching pertaining to the employment placement dispatching, fill in the following matters in the "Remarks" section. (i) It is dispatch for employment placement. (ii) Matters concerning employment placement dispatch specified in the worker dispatch contract (e.g. If the client employs the dispatched worker through employment placement dispatch, etc., whether the scheduled employment contract is a fixed-term contract or not) (iii) If the client using the employment placement dispatch service did not wish to accept the employment placement service or did not employ the dispatched worker who had been introduced to the client through the employment placement service, the reason for doing so must be clearly indicated to the dispatched worker, at his/her request, by way of delivering a document, transmission by facsimile or e-mail (transmission by facsimile or e-mail shall be limited to the case where the said dispatched worker preferred such method).

(iv) In the case where the client employs the dispatched worker via employment placement dispatch, if the period of worker dispatch is included in the calculation of years of service to determine the handling of annual paid leave and retirement allowance, this must be stated.

- ④ 労働者派遣に関する料金の額を記載する場合は、次のいずれかを日額、月額等わかるようにした上で「備考」欄に記載すること。

- (4) When filling in the price for dispatching a worker, enter any of the following in the "Remarks" section, clearly stating the unit of the amount (e.g. amount per day or per month, etc.).

- ・ 当該労働者に係る労働者派遣に関する料金の額
- ・ The price of dispatching the said dispatched worker
- ・ 当該労働者に係る労働者派遣を行う事業所における労働者派遣に関する料金の額の平均額
- ・ The average price for worker dispatch at the dispatch business operator's place of business for work performed by the said dispatched worker

- ⑤ 該当する各法令に基づき、健康保険被保険者資格取得届、厚生年金保険被保険者資格取得届、雇用保険被保険者資格取得届の書類が行政機関に提出されていない場合は、その理由を記載すること。

If the documents for written notice of acquiring health insurance qualification, written notice of acquiring welfare pension insurance qualification, and written notice of acquiring employment insurance qualification are not submitted to administrative bodies in accordance with the applicable respective laws and regulations, please state the reason.

- 15 個々の派遣労働者に明示される就業条件は、労働者派遣契約の定めた就業条件の範囲内でなければならないこと。

The employment conditions clearly indicated to the respective dispatched workers must be within the scope of the employment conditions specified by the worker dispatch contract.

雇 用 の 経 緯 に 係 る 説 明 書

Explanation of Employment Background

特定技能外国人_____との間で特定技能雇用契約を締結するに当たっての雇用の経緯は以下のとおりです。

Regarding the conclusion of the employment contract with specified skilled worker _____, the employment background is as follows.

1 職業紹介事業者（国内）

Employment placement business provider (in Japan)

1 あっせんの有無 Use of an employment placement service i	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No		
2 許可・届出受理番号 (受理解受年月日) Acceptance No. for approval and notification (Date of acceptance and receipt)	— — (年 月 日) — — (DD /MM /YYYY)		
3 職業紹介事業者の区分 Category of the employment placement business provider	<input type="checkbox"/> 有料職業紹介事業者 <input type="checkbox"/> Fee-charging employment placement business provider <input type="checkbox"/> 無料職業紹介事業者 <input type="checkbox"/> Free employment placement business provider		
4 職業紹介事業者の氏名 Name of the employment placement business provider			
5 職業紹介事業者の住所 (電話番号) Address of the employment placement business provider (Telephone number)	〒 — (電話番号 — —) (Telephone number — —)		
6 職業紹介事業者へ支払った費用 Expenses paid to the employment placement business provider	求職者 (申請人) Job seeker (the applicant)	額 Amount	(円) (yen)
		名目 Description	For payment of として
	求人者 (特定技能所属機関) Job offeror (the organization of affiliation of the specified skilled worker)	額 Amount	(円) (yen)
		名目 Description	For payment of として

(注意)

(Notes)

1 1 欄で無にチェックを付した場合には、2 以下の欄の記載は不要とする。

If you ticked "No" in section 1, you do not need to fill out sections below section 2.

2 2 から 5 欄までは、厚生労働省職業安定局ホームページの「人材サービス総合サイト」を活用し、当該職業紹介事業者についての該当する情報を記入すること。

Fill in the relevant information for the applicable employment placement business provider in sections 2, 3, 4, and 5, using the "Comprehensive Human Resource Services Website" which is operated by the Employment Security Bureau of the Ministry of Health, Labour and Welfare.

3 6 欄は、求職者及び求人が職業紹介事業者を支払った額及び名目について記載すること。なお、求職者が日本円以外で費用を支払った場合は、当該通貨で支払った額及び日本円に換算した額を記載すること。

Fill in the amount and description of the money paid by the job seeker and job offeror to the employment placement business provider in section 6. Please note that if the job seeker paid the expense in a currency other than yen, you must state the amount paid in the local currency, as well as that amount converted to yen.

4 職業紹介事業者との間で交わした契約書があれば、その写しを添付すること。

If you have a written contract exchanged with the employment placement business provider, please attach a copy of it.

2 取次機関（国外）（1 で有にチェックを付した場合のみ記載）

Agent organization (outside Japan) (Only those who ticked "Yes" in section 1 above need to fill in the form below)

1 取次ぎの有無 Use of service provided by the agent organization	<input type="checkbox"/> 有 Yes			<input type="checkbox"/> 無 No		
2 氏名又は名称 Name of the agent organization						
3 所在国 Country where the agent organization is located						
4 所在地 Address of the agent organization	(電話番号 — —) (Telephone number — —)					
5 取次機関へ支払った費用 Expenses paid to the agent organization	求職者 (申請人) Job seeker (the applicant)	額 Amount	(— —) (— —) yen			
		名目 Description	For payment of として			
	求人者 (特定技能所属機関) Job offeror (the organization of affiliation of the specified skilled worker)	額 Amount	(— —) (— —) yen			
		名目 Description	For payment of として			

(注意)

(Notes)

1 取次機関とは、職業紹介事業者が求人者に求職者のあつせんを行うに際し、当該職業紹介事業主に対し求職者等に係る情報の取次ぎを行う者をいう。

The agent organization means the party that acts as the agent handling the job seeker's information for the applicable employment placement business provider, in the case where the job offeror uses the employment placement service provided by the employment placement business provider to recruit the job seeker.

2 1 欄で無にチェックを付した場合には、2 以下の欄の記載は不要とする。

If you ticked "No" in section 1, you do not need to fill out sections below section 2.

3 5 欄は、求職者及び求人者が取次機関に支払った額及び名目について記載すること。なお、求職者及び求人者が日本円以外で費用を支払った場合は、当該通貨で支払った額及び日本円に換算した額を記載すること。

Fill in the amount and description of the money paid by the job seeker and job offeror to the agency organization in section 5. Please note that if the job seeker and job offeror paid their expenses in a currency other than yen, you must state the amount paid in the local currency, as well as that amount converted to yen.

- 4 取次機関との間で交わした契約書があれば、その写しを添付すること。
If you have a written contract exchanged with the agency organization, please attach a copy of it.

以上の内容について相違ありません。
I hereby declare that the statement given above is true and correct.

作成年月日： 年 月 日
Prepared on DD /MM /YYYY

特定技能所属機関の氏名又は名称	_____
Name of the organization of affiliation of the specified skilled worker	_____
作成責任者の氏名及び役職	_____ (印)
Name and title of the person responsible for preparing this document	_____ Seal
申請人の署名	_____
Signature of the applicant	_____

1 号 特 定 技 能 外 国 人 支 援 計 画 書
Support Plan for Specified Skilled Worker (i)

Prepared: DD MM YYYY

I Subject of support	1. Name	(No of other potential specified skilled workers:)			2. Sex	Male/ Female
	3. Date of birth	DD MM YYYY			4. Nationality / Region	
II Organization of affiliation of specified skilled workers (i)	1. Name with furigana					
	2. Address	Postal code — (Telephone no. — —)				
	3. Corporate number					
	4. Details of the structure in place to perform the support work	Support manager	Name with furigana		Title	
		No. of specified skilled workers (i) providing support	No. of persons:			
		No. of support staff	No. of persons:			

III Registered support organization	1. Registration number		Registration —		2. Date of registration		DD/MM/YYYY		3. Scheduled date of start of support work		DD/MM/YYYY		
	4. Name with furigana												
	5. Address		Postal code —										
			(Telephone number — —)										
	In the case of a corporation	6. Name of the representative with furigana											
		7. Corporate number											
	8. Address of the office providing support		Postal code —										
			(Telephone number — —)										
9. Details of the structure in place to perform the support work		Support manager		Name with furigana				Title					
		No. of specified skilled workers (i) providing support		No. of persons:									
		No. of support staff		No. of persons:									

			Contents of support	Scheduled implementation of support	Outsourced Yes No	Support staff or implementing staff if the support is to be outsourced		Implementation method (Check all the applicable boxes)
						Name (Title)	Address (Only when outsourced)	
IV Contents of support	1. Provision of advance guidance	A. Contents of information provision, etc.	a. Matters concerning the content of work to be engaged in, the amount of remuneration, and other working conditions	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> In person <input type="checkbox"/> Video call equipment <input type="checkbox"/> Other ()
			b. Contents of activities that can be engaged in while in Japan	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> In person <input type="checkbox"/> Video call equipment <input type="checkbox"/> Other ()
			c. Matters concerning procedures for entering Japan	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> In person <input type="checkbox"/> Video call equipment <input type="checkbox"/> Other ()
			d. Prohibition of the collection of a deposit or conclusion of a contract which stipulates penalties with regard to non-performance of the contract	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> In person <input type="checkbox"/> Video call equipment <input type="checkbox"/> Other ()
			e. If expenses are to be paid to an organization in a foreign country in relation to preparations for entry into Japan, the specified skilled worker (i) must fully understand the amount of the expenses and a breakdown before paying the expenses	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> In person <input type="checkbox"/> Video call equipment <input type="checkbox"/> Other ()
			f. The foreign national must not be made to pay any expenses necessary for the support	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> In person <input type="checkbox"/> Video call equipment <input type="checkbox"/> Other ()
			g. Contents of support relating to picking the specified skilled worker (i) up at the time of entry into Japan	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> In person <input type="checkbox"/> Video call equipment <input type="checkbox"/> Other ()
			h. Contents of support relating to securing housing	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> In person <input type="checkbox"/> Video call equipment <input type="checkbox"/> Other ()
			i. Contents relating to handling of consultations for advice and complaints	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> In person <input type="checkbox"/> Video call equipment <input type="checkbox"/> Other ()
			j. Name and contact information of the support staff of the organization of affiliation of the specified skilled worker (i)	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> In person <input type="checkbox"/> Video call equipment <input type="checkbox"/> Other ()
			Free description (Other details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes / No		Postal code —	<input type="checkbox"/> In person <input type="checkbox"/> Video call equipment <input type="checkbox"/> Other ()

	Free description (Other details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes / No		Postal code —	
	d. Summary of the residence for which information is to be provided or the housing to be provided as residence (including cases where planned for provision)	<input type="checkbox"/> Whether housing has already been secured at the time of submission of the application for permission to change the status of residence (or application of issuance of a certificate of eligibility) <input type="checkbox"/> Whether housing is to be secured after submission of the application for permission to change the status of residence (or application of issuance of a certificate of eligibility) Size of room (Total no. of co-habitants:) <input type="checkbox"/> At least 7.5 m ² per person <input type="checkbox"/> Less than 7.5 m ² per person <div style="display: inline-block; vertical-align: middle; margin-left: 20px;"> <input type="checkbox"/> At least 4.5 m² per person <input type="checkbox"/> Less than 4.5 m² per person </div>				
B. Support related to contracts necessary for general living	Contents of support	Scheduled implementation	Outsourced Yes No	Support staff or implementing staff if the support is to be outsourced		Implementation method (Check all the applicable boxes)
				Name (Title)	Address (Only when outsourced)	
	a. Assist with procedures to open a deposit account or savings account at a bank or other financial institution	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> Provision of information on procedures <input type="checkbox"/> Where necessary, accompany the specified skilled worker (i) to assist with the procedures <input type="checkbox"/> Others ()
	b. Assist with procedures to enter into a contract for use of a mobile phone	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> Provision of information on procedures <input type="checkbox"/> Where necessary, accompany the specified skilled worker (i) to assist with the procedures <input type="checkbox"/> Others ()
	c. Assist with procedures for lifelines such as electricity, water, gas	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> Provision of information on procedures <input type="checkbox"/> Where necessary, accompany the specified skilled worker (i) to assist with the procedures <input type="checkbox"/> Others ()
	Free description (Other details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes / No		Postal code —	
	Contents of support	Scheduled implementation	Outsourced Yes No	Support staff or implementing staff if the support is to be outsourced		Implementation method (Check all the applicable boxes)
				Name (Title)	Address (Only when outsourced)	
	a. Matters concerning general living in Japan	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> Oral <input type="checkbox"/> Written (including a translation) <input type="checkbox"/> Others ()

4. Implementation of guidance on general living

A. Contents of information provision

b. Matters concerning notification to an organization of the national government or local government which the specified skilled worker (i) has to make pursuant to the provisions of laws and regulations and matters relating to other procedures, and where necessary, accompanying the specified skilled worker (i) to assist with the procedures	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> Oral <input type="checkbox"/> Written (including a translation) <input type="checkbox"/> Where necessary, accompany the specified skilled worker (i) to assist with the procedures <input type="checkbox"/> Others ()
c. Contact information for consultations and complaints, contact information of the organization of the national or local government where a request is to be filed	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> Oral <input type="checkbox"/> Written (including a translation) <input type="checkbox"/> Others ()
d. Matters concerning medical institutions where the specified skilled worker (i) will be able to receive medical treatment in a language that he/she is fully able to understand	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> Oral <input type="checkbox"/> Written (including a translation) <input type="checkbox"/> Others ()
e. Matters related to disaster prevention and crime prevention, and other necessary matters for responses at the time of a sudden illness or other emergencies	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> Oral <input type="checkbox"/> Written (including a translation) <input type="checkbox"/> Others ()
f. Method of response on becoming aware of a violation of laws and regulations relating to immigration or labor, and other matters necessary for legal protection of the specified skilled worker (i)	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> Oral <input type="checkbox"/> Written (including a translation) <input type="checkbox"/> Others ()
Free description (Other details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes / No		Postal code —	<input type="checkbox"/> Oral <input type="checkbox"/> Written (including a translation) <input type="checkbox"/> Others ()

B. Language that the support is to be given in

Language:

C. Scheduled hours of support

Total number of hours:

5. Provision of opportunities for Japanese language studies	Contents of the support		Scheduled implementation	Outsourced Yes No	Support staff or implementing staff if the support is to be outsourced		Implementation method (Check all the applicable boxes)
					Name (Title)	Address (Only when outsourced)	
	a. Provision of information on admission guidance for Japanese language classes and Japanese language institutions, and accompanying as needed to assist with admission procedures		<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	
	b. Provision of information on Japanese language learning materials for self-learning and online Japanese language courses, and where necessary, obtaining Japanese language learning materials and assisting with the contract procedures for using online Japanese language courses		<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	
	c. Based on an agreement with the specified skilled worker (i), enter into a contract with a Japanese language instructor and provide opportunities for the specified skilled worker (i) to study Japanese		<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	
	Free description (Other details)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes / No		Postal code —	
6. Responses to consultations or complaints	A. Contents of responses, etc.	Contents of the support		Scheduled implementation	Outsourced Yes No	Support staff or implementing staff if the support is to be outsourced	
						Name (Title)	Address (Only when outsourced)
		a. Appropriate responses to a request for a consultation or to a complaint in a language that can be fully understood without delay, and giving of necessary advice and guidance		<input type="checkbox"/> Yes (implemented in a timely manner) <input type="checkbox"/> No ()	Yes / No		Postal code —
		b. Where necessary, give information on the relevant administrative organization corresponding to the content of the consultation, and assist with necessary procedures such as accompanying the specified skilled worker (i)		<input type="checkbox"/> Yes (implemented in a timely manner) <input type="checkbox"/> No ()	Yes / No		Postal code —
		Free description (Other details)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes / No		Postal code —

B. Implementation method	Response times	Weekdays	Mon From : to :	Tues From : to :	Wed From : to :	Thurs From : to :	Fri From : to :	
		Sat	From : to :					
		Sun	From : to :					
		Holidays	From : to :					
	Method of consultation	Implemented through the following method (check all the applicable boxes) <input type="checkbox"/> Direct interview <input type="checkbox"/> Telephone (— —) <input type="checkbox"/> Email () <input type="checkbox"/> Others ()						
Emergency responses	Implemented through the following method at times of emergency (check all the applicable boxes) <input type="checkbox"/> Direct interview <input type="checkbox"/> Telephone (— —) <input type="checkbox"/> Email () <input type="checkbox"/> Others ()							
C. Language of consultation			Language:					
7. Support for promotion of exchanges with Japanese nationals	Contents of the support	Scheduled implementation	Outsourced Yes No	Support staff or implementing staff if the support is to be outsourced		Implementation method		
				Name (Title)	Address (Only when outsourced)			
	a. Where necessary, provision of information on places of interaction with local residents hosted by local governments and volunteer groups, and on local community meetings, and accompanying the specified skilled worker (i), where necessary, to assist with explaining precautions and implementation methods of each event b. As information necessary to understand Japanese culture, provision of information on local events related to working or living in Japan, and accompanying the specified skilled worker (i), where necessary, to assist with explanations onsite	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —			
<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —					

	Free description (Other details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes / No		Postal code —	
8. Support for a job change except where caused by the foreign national	Contents of the support	Scheduled implementation	Outsourced Yes No	Support staff or implementing staff if the support is to be outsourced		Implementation method (Check all the applicable boxes)
				Name (Title)	Address (Only when outsourced)	
	a. Obtaining and providing information on the next accepting organization through an industry association or affiliated company, etc.	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	
	b. Provision of information on public employment agencies and other employment agencies and accompanying the specified skilled worker (i) to assist as needed with finding the next accepting organization	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	
	c. Preparing a letter of recommendation to enable the specified skilled worker (i) to receive employment advice or workplace introductions or to be able to engage in job-hunting activities based on the desired conditions, skills level, and Japanese language skills of the specified skilled worker (i)	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	
	d. Mediation to find a place of employment in cases where it is permitted to mediate for employment having received permission or notification for a work intermediating business	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	
	e. Granting of paid leave necessary for the specified skilled worker (i) to engage in job hunting activities	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()				
	f. Provision of information on necessary administrative procedures when leaving the workplace	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Others ()
	g. When it is expected that support for a job change cannot be properly implemented due to bankruptcy or some other reason, securing of a person who will be able to provide support in lieu of the organization	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	
	Free description (Other details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes / No		Postal code —	

9. Conducting of periodic interviews and notification to administrative agencies	A. Contents of interviews, etc.	Contents of the support	Scheduled implementation	Outsourced Yes No	Support staff or implementing staff if the support is to be outsourced		Implementation method (Check all the applicable boxes)
					Name (Title)	Address (Only when outsourced)	
		a. Conducting of periodic interviews with the specified skilled worker (i) and those who are in charge of supervising him/her in order to confirm the work and living conditions of the specified skilled worker (i)	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> Oral <input type="checkbox"/> Written (distribution of a questionnaire) <input type="checkbox"/> Others ()
		b. Provision of the information provided in the general living orientation in order to go over the information again	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> Oral <input type="checkbox"/> Written (including a translation) <input type="checkbox"/> Others ()
		c. Notification to the Labor Standards Inspection Office or other relevant administrative agencies on becoming aware of a violation of the Labor Standards Act or other labor-related laws	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	
		d. Notification to the Regional Immigration Services Bureau on becoming aware of a violation of the Immigration Control Act such as the specified skilled worker (i) engaging in activities other than those authorized under the status of residence, or other problems such as confiscation of the passport or residence card	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	
	Free description (Other details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes / No		Postal code —		
	B. Language that the support is to be given in		Language:				
C. Scheduled hours of support		At least once every () months					

Notes

1. Column I. If there are multiple persons who are to receive support and the contents of the support are the same, for "1 Name" write, "As given in the attached name list", and attach a name list (no set format) which gives the matters set out in column I.
2. Column II-4: Fill in this section only if the organization of affiliation of the specified skilled worker itself is to implement the support plan for specified skilled workers (i).
3. Column III: Fill in this section only when entrusting the implementation of all of the support plans for specified skilled workers (i) to a registered support organization.
4. Attach a copy of the outsourcing contract if the organization of affiliation of specified skilled workers is to entrust all of the support given in Column IV-1 to 9 to a third party.
5. "Scheduled implementation" in Column IV-1 to 9: Check the applicable items, and if the scheduled implementation is "Yes", briefly describe the implementation time, and if "No", describe the reasons for not implementing the support in the parentheses.
6. Only tick "yes" for the "Outsourced" section in Column IV-1 to 9, if the organization of affiliation of the specified skilled worker is to entrust part of the support to a third party (excluding the cases when it is outsourced to a registered support organization). If the organization of affiliation of the specified skilled worker itself is to provide support or entrust all of the support to a registered support organization, tick "no".
7. "Support staff or implementing staff if the support is to be outsourced" in Column IV-1 to 9: If the organization of affiliation of the specified skilled worker itself is to provide support or entrust all of the support to a registered support organization, list the names of the appointed support staff, followed by their titles in parenthesis, for each type of support given. If a third party partly entrusted by the organization of affiliation of the specified skilled worker is to provide support, list the names and addresses of staff entrusted for the support.
8. "Implementation method" in Column IV-1 to 4, 8 and 9: Check the applicable items. If you check "Others", give the method of implementation in the parentheses.
9. "Size of the room" in Column 4-3, A, d": If you checked "less than 7.5 m2 per person", select the applicable box from within the parentheses to indicate whether the size of the room of the provided residence is at least 4.5 m2 or less than 4.5 m2.
10. "Response times" in Column IV-6, B: Give the times for the available days of the week.

I hereby declare that the support will be provided as described above.

In addition, this document has been translated into a language that the recipient of the support is fully able to understand, a copy has been given to the recipient of the support, and the contents

Name of the organization of affiliation of specified skilled
workers

Name of the person preparing this document

Seal

I have received a translation of this document in the _____ language, and I fully understand the contents having had them explained to me.

Date of signature

DD/MM/YYYY

Signature of the specified skilled worker (i)

つうさんざいりゅうきかん かかるせいやくしよ

通算 在留 期間に 係る 誓 約 書

Pledge for Total Period of Stay

とくていぎのういちごう ざいりゅうしかくへんこうきよかまた とくていぎのういちごう かかる

「特定技能 1 号」への 在留資格変更許可又は「特定技能 1 号」に係る

ざいりゅうきかんこうしんきよかうける あたって かき じこう せいやく
在留期間更新許可を 受けるに 当たって、下記の 事項について 誓約しま
す。

In connection with receiving permission to change the status of residence to “Specified Skilled Worker (i),” or to extend the period of stay for “Specified Skilled Worker (i),” I hereby pledge that I shall comply with the following matter.

記

とくていぎのういちごう つうさんざいりゅうきかん ごねん たっしたじてん とくていぎのう

「特定技能 1 号」での 通算 在留 期間が 5 年に 達した時点で「特定技能

いちごう かつどう しゅうりょう とくていぎのう ごう いこう ばあい
1 号」の 活動を 終了 し、「特定技能 2 号」への 移行をする 場合等を
のぞいてきこく

除いて帰国します。

I shall terminate activities concerning “Specified Skilled Worker (i)” at the time when the total period of stay under the status of residence of “Specified Skilled Worker (i)” reaches five (5) years, and shall return to my country, excluding the case of changing my status of residence to “Specified Skilled Worker (ii).”

年 月 日

DD/MM/YYYY

申請人署名

Signature of the applicant

報酬支払証明書

Proof of Payment of Remuneration

月分（ 月 日から 月 日 分）の報酬について、以下のとおり支払いました。
The remuneration for the month of (from DD/MM to DD/MM) was paid as follows.

1 対象労働者
The worker for whom the payment was made

①氏名（ローマ字） Name (Roman letters)		②性 別 Sex	男 ・ 女 Male / Female
③生 年 月 日 Date of birth		④国籍・地域 Nationality/region	
⑤在留カード番号 Residence Card No.			

2 報酬
Remuneration

①報酬総額 Total amount of remuneration	円 Yen
②現金支給額 Amount paid in cash	円 Yen
③支給日 Payment date	年 月 日 DD/MM/YYYY

- (注意)
(Notes)
- 1 上記 2 ①は、控除前の報酬総額を記載すること。
The total amount of remuneration before deductions must be stated in ① of section 2 above.
- 2 上記 2 ②は、控除後の手取り報酬額を記載すること。
The amount of take-home pay after deductions must be stated in ② of section 2 above.

上記の記載内容は、事実と相違ありません。
I hereby declare that the statement given above is true and correct.

年 月 日
DD / MM / YYYY

特定技能所属機関の氏名又は名称 _____

Name of the organization of affiliation of the specified skilled worker

作成責任者 役職・氏名 _____ (印)

Name and title of the person responsible for preparing this document Seal

給与支給者 役職・氏名 _____ (印)

Name and title of the salary payer Seal

報酬について、雇用条件書どおりの報酬額であることを確認し十分に理解した上で、上記の内容どおり支給を受けました。

I have checked and fully understood that the amount of remuneration is just the same as what is stated in the Written Employment Conditions, and have received the above payment of remuneration.

年 月 日
DD / MM / YYYY

特定技能外国人の署名 _____

Signature of the specified skilled worker

生活オリエンテーションの確認書

Confirmation of Orientation for Life in Japan

1 私の日本での生活一般に関する事項

General matters concerning my life in Japan

2 私が出入国管理及び難民認定法第19条の16その他の法令の規定により履行しなければならない又は履行すべき国又は地方公共団体の機関に対する届出その他の手続に関する事項

Matters concerning notifications and other procedures which I must or should make to national or local government agencies, pursuant to the provision of Article 19-16 of Immigration Control and Refugee Recognition Act, and other laws and regulations.

3 私が把握しておくべき、特定技能所属機関又は当該特定技能所属機関から契約により私の支援の実施の委託を受けた者において相談又は苦情の申出に対応することとされている者の連絡先及びこれらの相談又は苦情の申出をすべき国又は地方公共団体の機関の連絡先

The contact information of the organization of affiliation of the specified skilled worker, the contact information of the person who is in charge of handling my consultations and complaints and belongs to the party that is entrusted with providing me with support pursuant to the contract with the organization of affiliation of specified skilled workers, and the contact information of the national or local government agency where I should consult or make a complaint about the aforementioned organization/party if necessary, which I should understand.

4 私が十分に理解することができる言語により医療を受けることができる医療機関に関する事項

Matters concerning medical institutions where I can receive medical treatment in a language in which I am reasonably fluent.

5 防災及び防犯に関する事項並びに急病その他の緊急時における対応に必要な事項

Matters concerning disaster prevention and crime prevention, and matters necessary for taking action at a time of sudden illness or other emergency.

6 出入国又は労働に関する法令の規定に違反していることを知ったときの対応方法その他私の法的保護に必要な事項

What to do if I notice a violation of provisions of laws and regulations regarding immigration or labor, and other matters necessary for my legal protection.

について、

Date of explanation:

年 月 日 時 分から 時 分まで

From: Time (:) to (:) on DD/MM/YYYY

年 月 日 時 分から 時 分まで

From: Time (:) to (:) on DD/MM/YYYY

年 月 日 時 分から 時 分まで
From: Time (:) to (:) on DD/MM/YYYY

特定技能所属機関（又は登録支援機関）の氏名又は名称
Name of the organization of affiliation of the specified skilled worker (or
registered support organization)

説明者の氏名
Name of the explaining party

印

Seal

から説明を受け、内容を十分に理解しました。
I have received an explanation from the above person and fully understood the contents.

特定技能外国人の署名 _____

年 月 日

Signature of the specified skilled worker

DD/MM/YYYY