

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

Notes.

1. The BMI is calculated using the following formula.

$$BMI = \frac{\text{Body weight (kg)}}{\text{Height (m)}^2}$$

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 be promptly adjusted by the organization and the specified skilled worker on the day on which the specified skilled worker obtains entry permission with the status of residence of “Specified Skilled Worker (i)” or “Specified Skilled Worker (ii)” or permission to change the status of residence, and his/her employment shall commence on the date specified with mutual agreement between the organization and the specified skilled worker, which shall be within one month from the above-mentioned date.

The period of the Employment Contract (beginning and end of the Employment Contract) stated in the Written Employment Conditions shall be changed in accordance with the start date of employment specified with the adjustment made between the organization and the specified skilled worker.

The organization and the specified skilled worker shall share with each other the results of the assessment of the specified skilled worker’s status of residence.

The Employment Contract shall be terminated when the period of the Employment Contract has expired without renewing the Employment Contract or when the specified skilled worker has lost his/her 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/YYYY) 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 ()

3. Limit on contract renewal (No / Yes (Up to _____ times / Total contract period of up to _____ years))

[If the employee has executed a fixed-term employment contract with the same employer under the Labor Contracts Act, and the total contract period exceeds five years]

By requesting the employer to execute an employment contract with no fixed term (a non-fixed term employment contract) during the term of the fixed term employment contract, the employee may change his/her employment contract to a non-fixed term employment contract with effect from the day following the last day of the fixed term employment contract (DD/MM/YYYY). If this applies, will the working conditions in the non-fixed term employment contract be changed from those in the fixed-term employment contract? (No / Yes (as described in Attachment 2))

II. Place of employment

Direct employment (fill in below)

* State the office of the accepting organization.

Name of office _____

Address _____

Contact information _____

Dispatch employment (fill in the separate "Employment Conditions Statement")

(Extent of change) No possibility of change (If there is a possibility of change, provide details below.)

Name of office _____

Address _____

Contact information _____

III. Contents of work to be engaged in:

1. Field ()

(Extent of change) No possibility of change (If there is a possibility of change, provide details below.)

2. Work category ()

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.

(approx. yen)

(approx. yen)

(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.

参考様式第1-6号 別紙2 (雇用条件書Iで【労働契約法に定める同一の企業との間での通算契約期間が5年を超える有期雇用契約の締結の場合】で有を選択した場合)

Reference Form 1-6, Attachment 2 (If the employee has executed a fixed-term employment contract with the same employer under the Labor Contracts Act, and the total contract period exceeds five years, and if your answer to the question in the Written Employment Conditions I is yes.)

雇 用 条 件 書

WRITTEN EMPLOYMENT CONDITIONS

The terms and conditions of an employment contract with no fixed term (a non-fixed term employment contract) that will come into effect if the employee requests the employer to execute the non-fixed term employment contract during the term of his/her fixed term employment contract are as follows:

DD/MM/YYYY	
To: _____	
Name of the organization of affiliation of the specified skilled worker: _____	
Address: _____	
Tel. no.: _____	
Representative's name and title: _____ <i>Seal</i>	
I. Period of the employment contract No fixed term	
II. Place of employment	<input type="checkbox"/> Dispatch employment (fill in the separate "Employment Conditions Statement")
<input type="checkbox"/> Direct employment (fill in below)	(Extent of change) <input type="checkbox"/> No possibility of change (If there is a possibility of change, provide details below.)
* State the office of the accepting organization.	
Name of office _____	Name of office _____
Address _____	Address _____
Contact information _____	Contact information _____
III. Contents of work to be engaged in:	(Extent of change) <input type="checkbox"/> No possibility of change (If there is a possibility of change, provide details below.)
1. Field ()	1. Field ()
2. Work category ()	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]	
<input type="checkbox"/> 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.	
<input type="checkbox"/> 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.

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 _____ 印
Seal

派遣先の氏名又は名称
Name of client _____ 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	<p>(雇入れ直後) (Immediately after hiring)</p> <p>事業所名 (部署名) Name of the place of business (Name of department)</p> <p>所在地 Address _____ (電話番号 _____) (Telephone number _____)</p> <p>(変更の範囲) <input type="checkbox"/>変更の可能性なし (変更ある場合は以下に記入) (Extent of change) <input type="checkbox"/> No possibility of change (If there is a possibility of change, provide details below.)</p> <p>事業所名 (部署名) Name of the place of business (Name of department)</p> <p>所在地 Address _____ (電話番号 _____) (Telephone number _____)</p>
組織単位 Organizational unit	
指揮命令者 Manager	職名 _____ 氏名 _____ Title Name
派遣期間 Period of worker dispatch	<p>年 月 日から 年 月 日まで from DD/MM/YYYY to DD/MM/YYYY</p> <p>(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</p> <p>(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</p> <p>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.</p>
就業日及び就業時間 Work days and hours	<p>就業日 Work days _____</p> <p>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 :)</p>
安全及び衛生 Health & safety	
時間外労働及び休日労働 Overtime work/work on holidays	<p>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)</p> <p>休日労働 (無/有) → (1月 回) Work on holidays (No/Yes) → (times per month)</p>
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.	
苦情の処理・申出先 Persons in charge of handling complaints submitted by the dispatched worker	<p>申出先 派遣元: 職名 _____ 氏名 _____ (電話番号 _____) Contact information Dispatch business operator: Title Name (Telephone number _____)</p> <p>派遣先: 職名 _____ 氏名 _____ (電話番号 _____) Client: Title Name (Telephone number _____)</p>

派遣契約解除の場合の 措置 Measures for terminating the worker dispatch contract	
派遣先が派遣労働者を 雇用する場合の紛争防 止措置 Measures for preventing disputes where the client employs the dispatched worker	
備 考 Remarks	

就業条件明示書記要領
How to fill out the employment conditions statement

- 各欄において複数項目の一を選択する場合には該当項目に○印を付すこと。
If there is more than one item to choose from in each section, circle the applicable one.
- 「業務内容」欄には、派遣先において従事する業務の内容、その業務に必要なとされる能力等を具体的に記載すること。
Specifically describe the details of work to be performed at the client's place of business, and skills required for the work, in the "Job description" section.
- 「就業の場所」欄には、主な就業場所を記載するものとし、それ以外に出張等により就業の場所が異なることがある場合には、備考欄に記載すること。
The main workplace must be stated in the "Workplace" section, and if there is another workplace where the dispatched worker may go to on a business trip, etc., that workplace must be stated in the "Remarks" section.
- 「組織単位」欄には、課、グループ等の業務としての類似性や関連性がある組織であり、かつ、その組織の長が業務の配分や労務管理上の指揮監督権限を有している組織を記載すること。
Regarding the "Organizational unit" section, fill in the organization (division, group, etc.) that is most similar and relevant to the work to be performed by the dispatched worker. Also, the head of that organization must have the right to direct and supervise the work allocation and labor management.
- 派遣労働者が労働者派遣に係る労働に従事する事業所等の業務について、派遣先が派遣可能期間の制限に抵触することとなる最初の日を「派遣期間」欄の _____ に記載すること。
(派遣先の事業所単位の期間制限の抵触日)
The first day the work concerning the work to be performed by the dispatched worker under worker dispatch arrangements at the place of business will come into conflict with the restriction on the period for which dispatch is possible per place of business of the client shall be stated in _____ in the section of "Period of worker dispatch."
(The first day the work concerned will come into conflict with the restriction on the period per place of business of the client)

また、派遣労働者が労働者派遣に係る労働に従事する事業所その他派遣就業の場所における組織単位の業務について派遣元事業主が期間の制限に抵触することとなる最初の日を組織単位欄の _____ に記載すること。(個人単位の期間制限の抵触日)
なお、組織単位における期間制限の抵触日は延長されることはないこと。
However, regarding the work per organizational unit to be performed by the dispatched worker under the worker dispatch arrangements at the place of business or other workplace of dispatch work, the first day on which the dispatch business operator will come into conflict with the restriction on the period must be stated in _____ in the "Organizational unit" section.
(The first day the work concerned will come into conflict with the restriction on the period per dispatched worker)
Also, the first day the work concerned will come into conflict with the restriction on the period per organizational unit must not be extended.
- 「就業日」は、具体的な曜日又は日を記載すること。
Fill in the specific day of the week or date in the "Work days" section.
- 「安全及び衛生」欄には、次の事項のうち、派遣労働者が派遣先において業務を遂行するに当たって、当該派遣労働者の安全、衛生を確保するために必要な事項に関し、就業条件に記載すること。
In the "Health & safety" section, fill in the employment conditions regarding the matters (from those items shown below) necessary for ensuring the health and safety of the applicable dispatched worker to perform his/her duties at the client's place of business.
 - 危険又は健康障害を防止するための措置に関する事項（例えば、危険有害業務に従事させる場合には、当該危険有害業務の内容、当該業務による危険又は健康障害を防止する措置の内容等）
Matters concerning measures to prevent danger or health impairment (e.g. if the dispatched worker will be engaging in dangerous work, fill in the details of such dangerous work and the measures to prevent danger or health impairment caused by such work, etc.)
 - 健康診断の実施等健康管理に関する事項（例えば、有害業務従事者に対する特別な健康診断が必要な業務に就かせる場合には、当該健康診断の実施に関する事項等）
Matters concerning health management, such as conducting medical check-ups, etc. (e.g. if the dispatched worker will be engaging in work that requires a special medical check-up for those in charge of dangerous work, fill in details about performing those medical check-ups, etc.)
 - 換気、採光、照明等作業環境管理に関する事項
Matters concerning management of the work environment, such as ventilation, lighting, and illumination, etc.
 - 安全衛生教育に関する事項（例えば、派遣元及び派遣先で実施する安全衛生教育の内容等）
Matters concerning health and safety education (e.g. details of the health and safety education provided by the dispatch business operator, and the client, 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
- 「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.
- 「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.
- 「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.
- 「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なくかつ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ある無等の労働者派遣契約において定められ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範囲に限る。）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は、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。
(3) 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 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。
(5) 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行わ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.

	specified skilled worker)		
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(注意)

(Notes)

- 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 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。また、併せて当該情報が掲載されている画面の写しを添付すること。
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. Furthermore, attach a copy of the screen on which the information in question is posted.
- 6 欄は、求職者及び求人者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	(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 取次機関とは、職業紹介事業者が求人者に求職者のあっせんを行うに際し、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.

3 事前ガイダンスの実施

Conducting of guidance in advance

第1号特定技能外国人支援計画に定めるとおりに実施していることの有無 Is guidance being conducted according to "Support Plan for Specified Skilled Worker (i)"?	有 ・ 無 Yes/No
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以上の1から3までの内容について相違ありません。なお、求職者（申請人）が在留資格「特定技能」の活動を行うことに関連して保証金、違約金の支払等の不適切な費用徴収がされていないことを本人から聞き取るなどして確認しています。

There are no discrepancies with regard to 1 to 3 above. Further, it has been confirmed by, for example, asking the person himself/herself that there has not been any inappropriate levying of fees such as a deposit or penalty payment on the job seeker (applicant) in connection with his/her activities related to the "specified skilled worker" status of residence.

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 _____

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

4 求職者（申請人）が自国等の機関に支払った費用

Fees paid by the job seeker (applicant) to organization in his/her country, etc.

	支払先機関の名称 Name of organization to which payment has been made	名目 Name of item	支払年月日 Date of payment	支払金額 Amount paid
1			年 月 日 mm/dd/yyyy	(円)

			(yen)
2		年 月 日 mm/dd/yyyy	(円) (yen)
3		年 月 日 mm/dd/yyyy	(円) (yen)
4		年 月 日 mm/dd/yyyy	(円) (yen)
5		年 月 日 mm/dd/yyyy	(円) (yen)
			計 (円) Total (yen)

(注意)

(Notes)

- 1 自国等の機関は、特段対象を限定するものではなく、特定技能雇用契約の申込みの取次ぎ又は活動の準備に関与した全ての機関をいう。
The term "his/her country, etc." does not refer to particular institutions, but rather means institutions involved in accepting applications for specific skilled employment contracts or in the preparation of activities, without limiting the scope of the subject matter in any particular way.
- 2 支払金額については、現地通貨又は米ドルで記載し、括弧書きで日本円に換算した金額を記載すること。
With regard to "Amount paid," write it in local currency or US dollars and write in the parenthesis the value converted into yen.
- 3 名目については、申請人に示した名目どおりに記載すること。
With regard to "Name of Item," write the name as expressed to the applicant.

特定技能雇用契約の申込みの取次ぎ又は在留資格「特定技能」に係る活動の準備に関して、自国等の機関に対し、上記の費用の額及び内訳について十分に理解した上で支払いました。また、上記の費用以外の費用については、徴収されていません。

I have paid the above fees with amounts and details as described above to organizations in my country, etc. with a full understanding of the amount and breakdown of the costs involved in acting as an agent for applications for specified skilled worker employment contracts or in preparing for activities related to the "specified skilled worker" status of residence. Furthermore, no other fees other than the above have been collected from me.

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 Location of office providing support (fill in when different to 2)	Postal code	—	(Telephone no. — —)	
	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:		Has neutrality of support been secured?	
	No. of support staff	No. of persons:		Yes No	

The person responsible for support and the person in charge of support do not have the authority to give the recipient of support orders (for example, employees in a different department from the recipient of support) or even where they are in different departments, they are not in a position where they have the authority to give the recipient of support orders.

III Registered support organization	1. Registration number		Registration —	2. Date of registration		DD/MM/YYYY			
	3. Name with furigana								
	4. Address		Postal code —		(Telephone number — —)				
	In the case of a corporation	5. Name of the representative with furigana							
		6. Address of the office providing support		Postal code —		(Telephone number — —)			
	7. 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:		Has appropriateness of support been secured? <small>The person responsible for support is not the spouse of an officer of the organization with which the specified skilled worker is affiliated, is not within a second degree of relationship by blood, is not a person who has a close relationship in social life with an officer of the organization with which the specified skilled worker is affiliated, and has not been in the last five years an officer or an employee of the organization with which the specified skilled worker is affiliated. - There exists no reason of refusal for the registration as a registered support organization of the person responsible for support and the person in charge of support.</small>			
No. of support staff		No. of persons:		Yes	No				

IV Contents of support	1. Provision of advance guidance	A. Contents of information provision, etc.	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)				
			a. Matters concerning the content of work to be engaged in, the amount of remuneration, and other working conditions		Yes / No	Name (Title)	Address (Only when outsourced)	<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						(In cases where the details for each case of support is different, please explain below)	(In cases where the details of each case of support is different, please explain below)	(In cases where the details of each case of support is different, please explain below)	
			c. Matters concerning procedures for entering Japan									
			d. Prohibition of the collection of a deposit or conclusion of a contract which stipulates penalties with regard to non-performance of the contract									
			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 ()
			f. The foreign national must not be made to pay any expenses necessary for the support									
			g. Contents of support relating to picking the specified skilled worker (i) up at the time of entry into Japan									
			h. Contents of support relating to securing housing									
			i. Contents relating to handling of consultations for advice and complaints									
			j. Name and contact information of the support staff of the organization of affiliation of the specified skilled worker (i)									
			Free description (Other details)									

		B. Language that the support is to be given in	Language: (where there is interpretation provided by someone other than the person in charge of support) Name and position of interpreter				
		C. Scheduled hours of support	Total number of hours:				
2. Pick up and drop off at time of entry or departure		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. Pick up at the airport or seaport of arrival and transfer to the organization of affiliation of the specified skilled worker (i) or to the accommodation	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> Airport or seaport of arrival (Airport) <input type="checkbox"/> Method of pick-up ()
		b. Drop off at the scheduled airport or seaport of departure and assistance with the departure procedures until entering the security check line	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> Scheduled airport or seaport of departure (Airport/Undecided) <input type="checkbox"/> Method of pick-up ()
	Free description (Other details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes / No		Postal code —		
3. Support for suitable accommodation and contracts for general living	A. Support related to securing suitable accommodation	Contents of support	Scheduled implementation of support	Outsourced Yes No	Support staff or implementing staff if the support is to be outsourced		Method of implementation of support
					Name (Title)	Address (Only when outsourced)	
		a. Provision on information on real estate agencies and rental properties, and where necessary, accompanying the specified skilled worker (i) to help with the procedures to secure housing, and assist in finding a residence. In addition, if a guarantor is required at the time of the conclusion of the rental contract, and there is no suitable guarantor, either become a guarantor for the specified skilled worker (i) or secure an available rental debt guarantor who will act as the guarantor of the specified skilled workers (i), and act as the emergency contact	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	
		b. Personally become the tenant and enter into a rental agreement, and offer the residence to the specified skilled worker (i) with his/her consent	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	
	c. With the agreement of the specific skilled worker (i) provide company housing, etc. as a residence	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —		

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)				
	Free description (Other details)	<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 manager or support staff ※For column b and the free-entry column, if the support is to be outsourced, implementing staff are also acceptable.		Implementation method (Check all the applicable boxes)	
					Name (Title)	Address (Only when outsourced)		
		a. Conducting of periodic interviews(at least once every three months) 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 ()	Yes / No			Postal code —	<input type="checkbox"/> In person <input type="checkbox"/> In person and online * In person interviews will be conducted in the following cases: · The interviewee does not consent to an online interview. · The interviewee prefers an in person interview. <input type="checkbox"/> Radio, maritime telephone (deep-sea fisheries only)
		b. Provision of the information provided in the general living orientation in order to go over the information again	<input type="checkbox"/> No()					
		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 (implemented in a timely manner)	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"/> No()					
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:	(where there is interpretation provided by someone other than the person in charge of support) Name and position of interpreter					

V Harmonious coexistence measures	<p>We have checked the measures to realize a society of harmonious coexistence (harmonious coexistence measures) implemented by local governments when preparing this Plan.</p> <p><input type="checkbox"/> Name of local government whose harmonious coexistence measures have been checked</p> <ul style="list-style-type: none"> Address of the place of business where the recipient of support is engaged in his/her activities (Prefecture City/Ward/Town/Village) Checked on: DD/MM/YYYY Method of checking: <input type="checkbox"/> Website <input type="checkbox"/> Other methods () Remarks: Address of the recipient of support <input type="checkbox"/> Same as above <input type="checkbox"/> Different local government (Prefecture City/Ward/Town/Village) Checked on: DD/MM/YYYY Method of checking: <input type="checkbox"/> Website <input type="checkbox"/> Other methods () Remarks:
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Notes

- Column I. If there are multiple people who are supposed to receive support and the contents of the support are the same, for "I Name" write, "As given in the attached name list", and attach a name list (no set format) for the matters set out in column I.
- 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).
- Column III: Fill in this section only when entrusting the implementation of all support plans for specified skilled workers (i) to a registered support organization.
- "Scheduled implementation" in Column IV-1 to 9: Select the applicable items. 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.
- 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".
- "Support staff or implementing staff if the support is to be outsourced" in Column IV-1 to 8: 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 the staff entrusted for the support.
 "Support manager or support staff" in Column IV-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 manager or support staff, followed by their titles in parenthesis, for each type of support given. In addition, if the support work described in the same column is performed by the third party partly entrusted by the organization of affiliation of the specified skilled worker, list the names and addresses of the staff entrusted for the support in column b and the free-entry column.
- "Implementation method" in Column IV-1 to 4, 9: Select the applicable items. If you select "Others", give the method of implementation in the parentheses.
- With regard to IV Cell 3-A-d, select the appropriate check box from within the parentheses.
 Answer to only if you have selected "yes" in .
 For , tick either "Owned property" or "Rental property."
 For , provide a proper explanation, including the following information, for example:
 - If accommodation provided is an owned property: The amount that can be reasonably justified, considering actual costs incurred in building or renovating the property, the useful life of the property, the number of specified skilled workers occupying the property, etc.
 - If accommodation provided is a rental property: The amount obtained by dividing the rent required for renting the property (including management charges and common area service charges but not including the security deposit, key money, guarantee money, and agent's commissions; and the same definition applies hereinafter.) by the number of specified skilled workers occupying the property
- "Response times" in Column IV-6, B: Give the times for the available days of the week.

The above support will be provided in an appropriate manner in line with the measures to realize a society of harmonious coexistence implemented by the local government.

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 have been fully explained.

Name of the organization of affiliation of specified skilled workers _____

Name of the person preparing this document _____

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

I have also been provided with an explanation of the methods of conducting periodic interviews in Column IV 9-A-a and fully understand the explanation.

I wish to have a hybrid (in person and online) interview an in person interview only.

Date of signature

DD/MM/YYYY

Signature of the specified skilled worker (i) _____

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)

- 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.
- 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 _____

Name and title of the person responsible for preparing this document

I

給与支給者 役職・氏名 _____

Name and title of the salary payer

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

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

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

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