

# 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 <sup>3</sup> )				
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 No. Findings:	Indirect DD/MM/YYYY

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

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## 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)”, or their status changes to one of the aforementioned statuses, and starts 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.

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 ( )

### 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 Week ( ) hours ( ) mins Month ( ) hours ( ) mins Year ( ) hours ( ) mins

4. No. of prescribed working days Week ( ) days Month ( ) days 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 )

# 賃 金 の 支 払

## PAYMENT OF WAGES

1 . Basic Wages

□ Monthly wage (            yen) □ Daily wage (            yen) □ Hourly wage (            yen)

\* Amount per hour in cases of monthly or daily wages (            yen)

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

2 . Amount and calculation method for various allowances (excluding the additional pay rate for overtime)

(a) (            allowance            yen; Calculation method            )

(b) (            allowance            yen; Calculation method            )

(c) (            allowance            yen; Calculation method            )

(d) (            allowance            yen; Calculation method            )

3 . Estimated payment per month (1+2)                                       approx.                                       yen (total)

4 . Items to be deducted when paying wages

(a) Tax                                       (approx.                                       yen)

(b) Social insurance                        (approx.                                       yen)

(c) Employment insurance                        (approx.                                       yen)

(d) Food                        (approx.                                       yen)

(e) Housing                        (approx.                                       yen)

(f) Others (utility costs)                        (approx.                                       yen)

(approx.                                       yen)

(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.

## 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)

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Name of the explaining party

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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

## 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

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 Title 氏名 Name ( 電話番号 (Telephone number ) )
派遣先責任者 Responsible person acting for the client	職名 Title 氏名 Name ( 電話番号 (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	申出先 Contact information 派遣元： Dispatch business operator: 職名 Title 氏名 Name (電話番号 Telephone number) 派遣元： Client: 職名 Title 氏名 Name (電話番号 Telephone number)
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	

就業条件明示書記載要領  
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 \_\_\_\_\_ 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 \_\_\_\_\_.
- 「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、就業条件を記載すること。  
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
  - ・ 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
- 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 dispatching.
- 14 「備考」欄  
"Remarks" section  
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).

( ) 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).

( ) (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.

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

・ 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

・ 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

・ 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

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 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つ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

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

(5) 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	有 Yes	無 No	
2 許可・届出受理番号 （受理受付年月日） 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	有料職業紹介事業者 Fee-charging employment placement business provider 無料職業紹介事業者 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	として For payment of
	求人者 （特定技能所属機関） Job offeror (the organization of affiliation of the specified skilled	額 Amount	( 円 ) ( yen )
		名目 Description	として For payment of

	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.
- 3 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	有 Yes	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	として For payment of
	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	として For payment of

(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	名目 Name of item	支払年月日 Date of payment	支払金額 Amount paid

	been made			
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

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
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:			
	No. of support staff	No. of persons:			

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 - - )					
	6. Name of the representative with furigana	In the case of a corporation					
	7. Address of the office providing support	Postal code - (Telephone number - - )					
	8. 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:		<p>Has appropriateness of support been secured?</p> <p>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.</p> <p>- 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.</p> <p style="text-align: center;">Yes                      No</p>		
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)		
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	Yes / No  (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)	Postal code -  (In cases where the details of each case of support is different, please explain below)	In person Video call equipment Other ( )  (In cases where the details of each case of support is different, please explain below)	
			b. Contents of activities that can be engaged in while in Japan					
			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					Yes ( ) 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	Yes ( ) No ( )	Yes / No		Postal code -	Airport or seaport of arrival ( Airport) 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	Yes ( ) No ( )	Yes / No		Postal code -	Scheduled airport or seaport of departure ( Airport/Undecided) Method of pick-up ( )
		Free description (Other details)	Yes 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	Yes ( ) 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	Yes ( ) No ( )	Yes / No		Postal code -	
		c. With the agreement of the specific skilled worker (i) provide company housing, etc. as a residence	Yes ( ) No ( )	Yes / No		Postal code -	



Free description (Other details)	Yes 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)	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)				
	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: )				
	Secure at least 7.5 m <sup>2</sup> of space per person				
	Size of sleeping space				
	Secure sleeping space of at least 4.5 m <sup>2</sup> in space per person				

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	Yes ( ) No ( )	Yes / No		Postal code -	Provision of information on procedures  Where necessary, accompany the specified skilled worker (i) to assist with the procedures Others ( )
b. Assist with procedures to enter into a contract for use of a mobile phone	Yes ( ) No ( )	Yes / No		Postal code -	Provision of information on procedures  Where necessary, accompany the specified skilled worker (i) to assist with the procedures Others ( )
c. Assist with procedures for lifelines such as electricity, water, gas	Yes ( ) No ( )	Yes / No		Postal code -	Provision of information on procedures  Where necessary, accompany the specified skilled worker (i) to assist with the procedures Others ( )
Free description (Other details)	Yes 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					

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					
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	Yes ( ) No ( )	Yes / No (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)	Postal code - (In cases where the details of each case of support is different, please explain below)	In person Video phone calls, viewing of DVDs, etc. (A system for dealing with questions)  (In cases where the details of each case of support is different, please explain below)
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					
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					
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)					
Free description (Other details)	Yes No	Yes / No		Postal code -	Oral Written (including a translation) Others ( )
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:				

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	Yes ( ) 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	Yes ( ) 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	Yes ( ) No ( )	Yes / No		Postal code -		
	Free description (Other details)	Yes 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	Yes (implemented in a timely manner) 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)	Yes 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) Direct interview Telephone (      -      -      ) Email (      ) Others (      )					
Emergency responses	Implemented through the following method at times of emergency (check all the applicable boxes) Direct interview Telephone (      -      -      ) Email (      ) Others (      )						

C. Language of consultation      Language:      (where there is interpretation provided by someone other than the person in charge of support) Name and position of interpreter

7. Support for promotion of exchanges with Japanese nationals	Contents of the support	Scheduled implementation  Yes  No	Outsourced Yes No  Yes / No	Support staff or implementing staff if the support is to be outsourced		Implementation method
				Name (Title)	Address (Only when outsourced)  Postal code      -	
	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					/

	Free description (Other details)	Yes 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.	Yes ( ) 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	Yes ( ) 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)	Yes ( ) 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	Yes ( ) No ( )	Yes / No		Postal code -	
	e. Granting of paid leave necessary for the specified skilled worker (i) to engage in job hunting activities	Yes ( ) No ( )				
	f. Provision of information on necessary administrative procedures when leaving the workplace	Yes ( ) No ( )	Yes / No		Postal code -	Oral Written 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	Yes ( ) No ( )	Yes / No		Postal code -	
	Free description (Other details)	Yes 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)		
								Postal code -
		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)	Yes ( )	Yes / No			In person 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	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	Yes (implemented in a timely manner)					
		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	No( )					
		Free description (Other details)	Yes 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					

Notes

1. Column I. If there are multiple persons who are 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) 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. "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.
5. 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".
6. "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 staff entrusted for the support.
7. "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 is to provide support, list the names and addresses of staff entrusted for the support in column b and the free-entry column.
8. "Implementation method" in Column IV-1 to 4, 9: Check the applicable items. If you check "Others", give the method of implementation in the parentheses.
8. With regard to IV Cell 3-A-d, select the appropriate check box from within the parentheses.
9. "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.

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.

Date of signature

DD/MM/YYYY

Signature of the specified skilled worker (i)

# 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

# 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

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

### 2 報酬

Remuneration

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

(注意)

(Notes)

1 上記 2 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 of section 2 above.

2 上記 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 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 \_\_\_\_\_ |

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