

Filing of (Change in) Rules of Employment

M D Y

To. Chief of _____ Labour Standards Inspection Office

As we have established and changed our company's rules of employment as shown in the attachment, we would like to submit them along with a written opinion.

Main changes

Provision	Before revision	After revision

Labour insurance number	Prefecture	Competent authority	Jurisdiction	Trunk number				Branch number			Collective business number		
Furigana (Hiragana characters)													
Name of workplace													
Location	TEL												
Name of employer/title													
Business type/number of workers							Entire company			workers			
							Workplace only			workers			

If the name has been changed since the last notification, enter the old name, and if the address has also been changed, enter the old address.

Written Opinion

M D Y

(Mr./Ms.)

We would like to submit the following opinion regarding the draft rules of
employment for which an opinion was requested as of Month Day Year.

Opinion

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Name of the labour union or title of the person representing the majority of workers	Title Name
How to elect a person representing the majority of workers	()