

Notes

- 1 For section 1, enter the Individual Number (My Number). Be sure to check the number and to confirm the identity of the person before entering.
- 2 For section 2, only when selecting "2 Re-acquisition" for section 3, enter the insurance number as listed on the insurance card of the insured person. If the insurance number consists of 16 digits (displayed in two rows, top and bottom), only enter the bottom 10 digits. In this case, enter the first four digits of the number in the first four fields (squares), enter a hyphen (-), enter the last six digits after the hyphen, and leave the last field (square) blank.

(Example:

4	6	0	1	1	8	*	*	*	*
1	3	0	1	5	4	3	2	1	0

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1	3	0	1	-	5	4	3	2	1	0	-	
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- 3 For section 3, enter the corresponding number for the following categories.
 - (1) Persons to whom (a) and (b) below apply.....1 (New)
 - (a) Has never been an insured person before.
 - (b) Seven years or more have passed since the person was last an insured person.
 - (2) Persons other than persons to whom (1) above applies.....2 (Re-acquisition)
- 4 For section 5, if "2 Re-acquisition" was selected in section 3, enter the changed name if the name listed on the insurance card and the current name are different.
- 5 For section 6, enter the number of the corresponding number.
- 6 For the Japanese era in section 7, enter the code number corresponding to the name of the Japanese era. If the year, month, or day is one digit, write it in two digits by adding a "0" to the tens place for each. (Example: May 6, 1976 →

3	-	5	1	0	5	0	6
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- 7 For section 8, if your business telephone number consists of ten continuous digits, enter the first four digits inside the first four boxes, enter a hyphen, and enter the last six digits inside the following boxes. Leave the last box blank. (example: 130100001 →

1	3	0	1	-	0	0	0	0	0	1	-	
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- 8 For section 9, enter the number of the number corresponding to the following categories.
 - (1) From among new graduates, if section 11 is between March 1 to June 30 of the year of graduation.....1
 - (2) If hired as a mid-career hire, or if a director or other person who is party to a service agreement is rehired as party to an employment contract.....2
 - (3) If the day labor insured is employed in the applicable business of the same employer for 18 days or more in each of two months or for 31 consecutive days or more (excluding cases where approval for continued qualification has been received)3
 - (4) Cases such as the following.....4
 - (a) If the business at which the insured person is employed becomes a new applicable business
 - (b) If the insured person employed at an applicable business is assigned from his/her current position to a different business and has acquired new insured qualifications at the place of assignment, and when the insured person returns to the assignor and is to become insured again at the assignor (the same shall apply when returning from full-time work in the labor union and re-acquiring insured qualifications)
 - (c) If there is a transfer between a mariner and a worker whose main duty is shore work (a worker who is not a mariner) under the same employer
 - (5) If the reason for obtaining insured status corresponds to two or more reasons.....either 1, 2, or 3
 - (6) If a person aged 65 or older returns to the assignor, etc.....8
- 9 For section 10, enter the payment method and monthly wage as of the year, month, and date entered in section 11 (excluding temporary wages, wages paid for periods exceeding one month, and overtime allowance) (unit: 1,000 yen, rounded to the nearest 1,000 yen). For the payment method, enter the number of the corresponding payment method (include daily and monthly wages in monthly salary).
- 10 For section 11, enter the first day of employment, including the trial period and training period. Also, if the year, month, or day is a single digit, enter it in the same format at section 7.
- 11 For section 12, enter the number of the corresponding item. If the person involved in the notification falls under the category of dispatched worker (so-called "registered-type dispatched worker", excluding mariners), enter "2" (Dispatched). If the category is part-time worker (persons whose scheduled working hours per week are less than 30 hours (excluding dispatched workers and mariners)), enter "3" (Part-time). If the category is fixed-term contract workers (excluding dispatched workers, part-time workers, and mariners), enter "4" (Fixed-term).
- 12 In section 13, enter the number corresponding to the following categories.

A Management work	.....01	E Services work	.....05	I Transportation/machine operation work	.....09
B Specialized/technical work	.....02	F Security work	.....06	J Construction/excavation work	.....10
C Administrative work	.....03	G Agriculture, fishery, and forestry work	.....07	K Shipping, cleaning, packaging, etc., work	.....11
D Sales work	.....04	H Production process work	.....08		

- 13 For section 14, enter the number of the corresponding item.
- 14 In section 15, enter the scheduled working hours per week as of the year, month, and day stated in section 11 for the person in section 4.
- 15 In column 16, enter the number of the corresponding item for the defined contract period. If you enter "1", enter the contract period and whether or not there is a contract renewal provision.
- 16 For the "Remarks" section on the right side of the "Name of business place", enter a specific explanation and other information in regard to the person to which "4 Other" in section 9 applies.
- 17 For the section for the location and name of the business owner, if the business owner is a corporation, enter the address of its principal office and the name of the corporation, as well as the name of the representative.
- 18 In the case of foreign workers (excluding those with "diplomatic" or "official" residence status and special permanent residents), in addition to the above, enter the following information in section 17 to 23: name in the Roman alphabet, number of residence card number (two English letters – eight numbers – two English letters), period of stay, nationality/region, residence, etc. This can be used as notification of the employment status of foreign nationals under Article 28 of the Act on Comprehensively Advancing Labor Measures, and Stabilizing the Employment of Workers, and Enriching Workers' Vocational Lives.
Furthermore, for foreign workers who have the residence status of "Dependent" or who work with permission to engage in activities other than that permitted under the status of residence, please indicate in section whether or not the person has such permission. For those who primarily work as dispatched/contract workers at businesses other than those listed in section 8, enter "1" in section 21; if not applicable, enter "2".

Requests

1. Please submit this report the 10th of the month following the month corresponding to the date of acquiring employment insurance qualification.
2. You may be asked to bring wage ledgers, worker registers, attendance registers, and other documents that can be used to confirm the information entered in the report.
3. If the person in section 4 is a director of the corporation or a relative who lives with the business owner, please enter that position/relationship in the "Remarks" section on the right side of the "Name of business place."

* These procedures can also be submitted electronically. For more information, please contact the public employment security office in your jurisdiction.
Regarding these procedure, if a labor and social security attorney performs the procedure for submitting this notification via electronic application on behalf of the business owner, by submitting together with the application proof that the labor and social security attorney is the submission proxy for the business owner, that proof can be used in place of the electronic signature of the business owner.