

1	0	年	保	存
機	密	性	1	
令和7年4月1日から 令和17月3月31日まで				

基監発1021第6号
基徴収発1021第7号
職保発1021第5号
令和6年10月21日

北海道労働局

総務部長 殿
労働基準部長 殿
職業安定部長 殿

厚生労働省労働基準局
監督課長
労働保険徴収課長
厚生労働省職業安定局
雇用保険課長

「金融・資産運用特区」の対象地域として決定された自治体が
設置する開業ワンストップセンター等における法人設立手続の
英語対応の具体的な実施に当たって留意すべき事項について

「金融・資産運用特区」の対象地域として決定された地域（北海道・札幌市、
東京都、大阪府・大阪市、福岡県・福岡市）が設置する開業ワンストップセン
ター等における法人設立手続の英語対応については、令和6年10月7日付け基
発1007第2号、職発1007第3号、年管発1007第1号「『金融・資産運用特区』
の対象地域として決定された自治体が設置する開業ワンストップセンター等
における法人設立手続の英語対応について」（以下「局長通達」という。）で指示
されたところである。

このうち、札幌市については、同市が令和6年10月1日に開設した札幌海外
企業受入ワンストップ窓口において、同市と協働して、同月22日より局長通達
で指示された英語対応（以下「英語対応」という。）を開始するので、貴局に
おいては、下記に留意の上、その具体的な実施に遺憾なきを期されたい。

記

1 基本的な考え方について

- (1) 札幌海外企業受入ワンストップ窓口（以下「センター窓口」という。）において、労働保険等に係る法人設立に伴う手続を行うに当たり、英語で記載された申請書等（以下「英語様式」という。）について英語対応を可能とする手続は、

- ① 労働保険保険関係成立届（以下「成立届」という。）
- ② 労働保険概算保険料申告書（以下「申告書」という。）
- ③ 適用事業報告
- ④ 就業規則（変更）届
- ⑤ 時間外・休日労働に関する協定届
- ⑥ 雇用保険適用事業所設置届
- ⑦ 雇用保険被保険者資格取得届

とすること（具体的な様式については、別添 1「英語様式（労働保険、労働基準法関係、雇用保険）」を参照のこと。）。

英語対応の対象となる者は、その法人設立に係る事業場の所在地が原則として札幌市内であって、英語対応を希望するもの（以下「事業主」という。）とすること。

- (2) センター窓口については、英語様式の受付業務に係る北海道労働局（以下「局」という。）、又は局管内の全ての労働基準監督署（以下「署」という。）及び公共職業安定所（以下「所」という。）の出張窓口とすること。
- (3) 英語様式に関する事業主の法令上の届出義務は、センター窓口への届出時に履行されたこととなり、センター窓口において英語様式を届け出た日が局、署又は所へ届け出た日となること。
- (4) 上記(1)③乃至⑤については、窓口スタッフが日本語を補記した英語様式を受け付けることとすること。これら以外の手続については、英語様式に記載された内容を窓口スタッフが日本語で転記した書類（以下「日本語様式」という。）を受け付けることとし、事業主が提出した同様式はその添付書類として取り扱うこと。

2 センター窓口の概要について

センター窓口の所在地等については、以下のとおりであること。

名 称：札幌海外企業受入ワンストップ窓口

（英語名：Sapporo Transnational Expansion and Partnership）

所在地：北海道経済センタービル 2 階（中央区北 1 条西 2 丁目 札幌中小企業支援センター内）

3 センター窓口における業務処理の流れについて

センター窓口における業務処理の流れは以下のとおりであること（具体的な受付業務の流れ等については、別添2「業務の流れ」を参照のこと）。

- (1) センター窓口には、下記(3)乃至(7)の業務を行う者であって、社会保険労務士資格を持つ者（以下「窓口スタッフ」という。）を配置する。窓口スタッフの配置については、本省がセンター窓口における対応を委託する業者（以下「委託先」という。）と調整を行う。
- (2) 事業主及び委託先との連絡調整については、札幌市（センター窓口を含む。）が行う。
- (3) 窓口スタッフは、上記(2)で調整された日時にセンター窓口に参集し、英語様式を受領する。
- (4) 窓口スタッフは、札幌市が配置する通訳者（以下「通訳者」という。）の支援の下、英語様式の記入内容を日本語に変換し、日本語様式に記入、若しくは英語様式に日本語のルビを記入（上記1(1)③乃至⑤に限る。以下同じ。）、又は電子申請画面へ入力して受け付けることについて、あらかじめ事業主の同意を得るとともに、成立届及び申告書については、事業主に対し、英語様式の下部の同意欄にチェックを求める。
- (5) 窓口スタッフは、事業主に代わって英語様式の記入内容を日本語様式に転記等する。
- (6) 窓口スタッフは、日本語様式に記入した内容について、形式的な確認等を行う。
- (7) 窓口スタッフは、英語様式及びその内容を記入した日本語様式にセンター窓口の受付印を押印する（又は、センターの名称・受付した日付を記載した上で、窓口スタッフ個人の印（社会保険労務士印等は不可）を押印する）。その後、押印された英語様式の写しを作成した上で、受付書とともに、当該写しを事業主に手交する。
- (8) 窓口スタッフは、英語様式等（日本語様式及び添付書類を含む。以下同じ。）を受け付けた際、速やかに、受付を行った旨及び受付後に確認事項等が生じた場合の事業主への連絡方法（連絡先及び日本語で対応可能かどうか）を電話等により局又は事業所の所在地を管轄する所の担当部署に連絡するとともに、受領した英語様式等について、上記1(1)①乃至⑤の英語様式等については局の、上記1(1)⑥及び⑦の英語様式等については事業所の所在地を管轄する所の、担当部署に送付する。
- (9) センター窓口においては、成立届及び申告書の労働保険番号欄は空欄のまま、上記処理を行う。
- (10) 上記(3)から(8)の処理に伴う事業主との意思疎通に当たり、窓口スタッフは、通訳者の支援を受ける。

4 局、署又は所における処理について

局、署又は所においては、上記3の処理で窓口スタッフが受領した英語様式等について、関係法令や関係通達等に基づき、以下に留意の上、審査等の必要な処理等を行うこと。なお、受理印はセンター窓口で英語様式等を受け付けた日付で押印すること。

また、センター窓口での受付後に確認事項等が生じた場合は、上記3(8)の「事業主への連絡方法」に基づき、事業主に対して連絡する（事業主が英語での連絡を希望した場合には、事業主に対し再度センター窓口への来訪を求め、センター窓口で通訳者の支援を得て確認等を窓口スタッフが対応を行うこととするので、窓口スタッフは委託先を経由してセンター窓口に所属する者等に予約調整を依頼する）こと。

加えて、センター窓口から送付された英語様式等の処理における留意点として、局及び署は、成立届及び申告書について、審査、労働保険番号の付与、システム処理等を行い、これら以外の英語様式等については、局内の担当部署に回付し、当該部署から事業主を管轄する署に送付する等、速やかに処理を行うこと。

5 センター窓口への助言等について

局、署又は所は、上記1に留意の上、センター窓口における英語対応の実施等に関し、窓口スタッフ又はセンター窓口に所属する者から問合せがなされた場合は、必要な助言等を行うこと。

6 英語対応の運用について見直し等の提案があった場合について

北海道・札幌市から英語対応の運用について見直し等の提案があった場合、北海道・札幌市と窓口スタッフとのやりとりのみで対応可能な軽微な案件を除き、北海道・札幌市と厚生労働省（本省担当課室及び貴局）とで協議して対応の可否等の検討を行うこととしていること。

ワンストップセンターにおける業務の流れ

(定義)

- ・ OC 運営スタッフ：地方公共団体が配置するワンストップセンター（以下「OC」という。）の主要スタッフ
- ・ 窓口スタッフ：各手続を行うことを目的として国が配置するスタッフ
- ・ 当初届出：事業主が英語で記入して提出した英語様式及び添付書類

事務の流れ (担当)	国	地方公共団体	
		OC 運営スタッフ	通訳者
予約受付 (担当：OC 運営スタッフ)	(事業主から法人設立手続の英語対応について問合せを受けた場合、右記 OC の HP を案内)	<ul style="list-style-type: none"> ・ 事業主から「予約希望日時」の連絡を受付 ※OC の HP で英語対応の予約案内：例「OC で労働保険等の法人設立手続を行います（予約は〇〇（代表連絡先）へ）」 ※法人設立関係手続の一部（労働保険関係成立届）は「労働者を雇った日」から原則 10 日以内に行うところ、登記時点から法人設立支援を行っている外国企業等について、「労働者を雇う日」のメドが立った時点で早めの予約調整を事業主に対しご提案・次の「来訪日時の調整」を開始	
来訪日時の調整、場所の確保 (担当：OC 運営スタッフ)	(各手続の窓口スタッフ) ・ OC 運営スタッフから連絡を受け、予約希望日時の対応可否を（不可の場合「代替日時」を添えて）OC 運営スタッフへ回答	<ul style="list-style-type: none"> ・ 「予約希望日時」と既に入っている予約日時を照合 ・ 日程調整 ① 既に予約が入っている場合：事業主へ別日程の提示を依頼 ② 予約が入っていない場合：「予約希望日時」を各窓口スタッフへ連絡	

		<ul style="list-style-type: none"> ・ 来訪日時と場所確定：全窓口スタッフが「予約希望日時」に参集可の場合、場所を確保し、確定した予約日時と場所を、事業主及び各窓口スタッフへ連絡 <p>※一部の窓口スタッフについて「予約希望日時」の対応が困難な場合は、</p> <ul style="list-style-type: none"> ・ OC 運営スタッフは「予約希望日時」の場所を確保し、予約日時と場所を、事業主及び対応可能な各窓口スタッフへ連絡 ・ 事業主に「代替日時」を打診。調整後の日時について場所を確保し、予約日時と場所を、事業主及び該当の窓口スタッフへ連絡 	
事前連絡 （担当：OC 運営スタッフ）		事業主に対し、 <ul style="list-style-type: none"> ・ 手続き時の言語（英語又は日本語）の希望を聴取 ・ 英語相談様式及び英語版記入要領（日本語希望の場合は日本語様式と記入要領）を事前送付 ・ 以下を伝達：スムーズな手続を行うため、 <p>① 労働保険（※）・労働基準関係・雇用保険の手続きを行う場合は可能な限り電子申請にて提出するため、電子証明書（マイナンバーカード等）を持参すること。</p> <p>※労働保険は当面の間紙</p>	

		<p>申請とし、今後準備が整い次第対応</p> <p>② 添付書類として登記事項証明書（※）、賃金台帳、労働者名簿、出勤簿及び雇用した労働者の雇用契約書を持参すること ※登記事項証明書はコピーで可。その他の添付書類についてもコピーで可</p> <p>③ 「就業規則届」及び「時間外・休日労働に関する協定届（様式第9号及び第9号の2に限る。）」の手続を行う場合、添付書類を含む関係資料を可能な限り記載の上持参すること</p> <p>④ 雇用保険では、被保険者となる者の個人番号、厚生年金・健康保険では被保険者となる者及び被扶養者の個人番号の記入が要ること</p> <p>⑤ 事業所、被保険者の個々の事情を聞いた上で、別途必要書類を求める場合があること。</p>	
来訪	<p>（各手続の窓口スタッフ）</p> <p>・予約日時に OC（OC の会議室が確保出来ない等、例外的に地方公共団体が、OC の代替会場として指定する場所を含む。）へ参集</p>	<p>・（必要に応じ）来訪した事業主を、手続を行う場所へ案内</p>	

<p>受付</p> <p>（担当：各手続の窓口スタッフ ※通訳は地方公共団体の通訳者が行う）</p>	<ul style="list-style-type: none"> ・ 当初届出について、当該当初届出の内容を日本語に変換して受け付けることについて、事業主の同意を得る。 ・ 次に、地方公共団体の通訳者による翻訳を踏まえた当初届出の内容について、形式的な確認・対応表との照合を行う。 ・ その後、当該確認後の当初届出の内容について受け付ける。 ・ 受付後に確認事項等が生じた場合の事業主への連絡方法（連絡先及び日本語でよいか）の確認を事業主に対して行う。 		<ul style="list-style-type: none"> ・ 事業主と国の窓口スタッフの意思疎通における通訳及び当初届出の内容（別紙に明示した部分）の翻訳を行い、国の窓口スタッフに伝達する。
<p>受付後の照会</p> <p>（事業主が日本語で連絡が可能な場合、</p> <ul style="list-style-type: none"> ・ 事業主への照会担当：都道府県労働局、労働基準監督署、公共職業安定所の職員） <p>（事業主が英語対応を希望する場合、</p> <ul style="list-style-type: none"> ・ 日程調整担当：OC運営スタッフ、 ・ 事業主への照会担当： 	<ul style="list-style-type: none"> ・ 受付後に生じた確認事項等について、事業主の希望に応じ以下のとおり対応（日本語で連絡可能な場合） ・ 事業主が日本語で連絡可能としている場合は、都道府県労働局、労働基準監督署、公共職業安定所の職員は、各手続において確認事項等発生時に個別に事業主に連絡する。 <p>（事業主が英語対応を希望する場合）</p> <ul style="list-style-type: none"> ・ 都道府県労働局、労働基準監督署、公共職業安定所の職員は、確認事項等発生時に OC 運営スタッフへ新たな予約調整を依頼する。 ・ 窓口スタッフが新たな予約 	<p>（事業主が英語対応を希望する場合）</p> <ul style="list-style-type: none"> ・ OC 運営スタッフは事業主へ日程調整の連絡を行う。また、新たな予約日が確定した際、OC 運営スタッフは場所を確保した上で、他の手続の窓口スタッフ及び 	<p>（事業主が英語対応を希望する場合）</p> <ul style="list-style-type: none"> ・ 事業主と都道府県労働局、労働基準監督署、

窓口スタッフ、 ・ 通訳担当：地方公共団体が配置する通訳者)	日時に OC を訪問し、通訳を介し、事業主に対して確認を行う。 (他の手続も当該日時に確認を行う場合は、同様に OC を訪問・確認を行う。)	事業主へ予約日時と場所を連絡する。	公共職業安定所の窓口スタッフの意思疎通における通訳（当初届出の内容に変更が生じた場合はその翻訳）を行い、各窓口スタッフに伝達する。
控えの交付 (担当：労働局、労働基準監督署、公共職業安定所の職員)	・ 審査が完了した申請書について、事業主へ控えを交付		
その他		・ (必要に応じ) 地方公共団体の OC 担当課との連絡	

別添 2 英語様式（労働保険、労働基準法、雇用保険関係）

様式 1	労働保険保険関係成立届	・ ・ ・ 1 頁
様式 2	労働保険概算保険料申告書	・ ・ ・ 3 頁
様式 3	適用事業報告	・ ・ ・ 6 頁
様式 4	就業規則（変更）届	・ ・ ・ 7 頁
様式 5	時間外・休日労働に関する協定届	・ ・ ・ 9 頁
様式 6	雇用保険適用事業所設置届	・ ・ ・ 15 頁
様式 7	雇用保険被保険者資格取得届	・ ・ ・ 17 頁

☐ I agree to the following

(1) That the Government of Japan will accept the above notification translated into Japanese and inserted on the Japanese form.

(2) That the above signature will replace the signature on the Japanese form.

[Note]

- 1 The characters to be written within the boxes shown as (hereinafter referred to as “character boxes”) will be read directly by an optical character reader (OCR), so do not soil this form or fold it more than necessary.
- 2 Leave those columns or character boxes for which you do not have items to be filled in blank, and when you select an item, circle the relevant item. Be sure to write your telephone number in the character boxes for phone number, and do not write in the columns or character boxes marked with *.
- 3 Be sure to use a black ballpoint pen to write clearly within the character boxes, using large characters, and Arabic numerals.
- 4 In column (1), enter the address or location (in the case of a corporation, the location of its principal office) and the name (in the case of a corporation, its name) of business owner. However, in the case of a business owner who has already obtained the approval for grouping of continued businesses, enter the location and name of the designated business for the said grouping.
- 5 In column (2), enter the location and name of the business for which insurance relationship has been established.
- 6 In column (3), enter the specific details of the business, such as the work content (manufacturing process), product name (finished product), or the content of the services provided.
- 7 In column (4), enter the applicable type of business listed in the "Table of Details of Businesses to Which Industrial Accident Compensation Insurance Rates Are Applied" applicable to the business.
- 8 In column (5), if you have already enrolled in an industrial accident compensation insurance or employment insurance, circle the symbol for which you are enrolled.
- 9 In column (6), enter the date when the business becomes a business for which an industrial accident compensation insurance or employment insurance is applied.
- 10 In the “general/short-term” column in column (7), enter the average number of persons insured by employment insurance per month in that fiscal year (total number of general insured persons and specially insured persons in short-term employment), and in the “day-labor” column, enter the number of day laborers.
- 11 In column (8), the prospective amount of total wages pertaining to the workers employed during the period from the date the insurance relationship is established to the end of the insurance year. If there is a fraction less than 1,000 yen in the total amount of wages, round it down and enter it.
- 12 Fill in columns (9) and (10) when labor insurance affairs are outsourced to a labor insurance affairs association.
- 13 In column (11), enter the date of commencement of the business only when voluntary enrollment is applied for.
- 14 In column (12), enter the (scheduled) date of abolition of a definite term business.
- 15 In column (13), in the case of a construction project, enter the amount of the contract fee (if any of the items of Article 13, paragraph (2) of the Regulation for Enforcement of the Act on the Collection, etc. of Insurance Premiums of Labor Insurance apply, the amount calculated in accordance with the provisions of each item).
- 16 In column (14), in the case of a logging project, enter the estimated production volume of materials.
- 17 In column (15), enter the address or location and name of the orderer of the construction.
- 18 In the last digit of column (16), enter the applicable number.
- 19 From column (17) to column (20), enter the location and name of the principal office pertaining to the business for which insurance relationship has been established, using the specified notation.
- 20 In column (21), enter the date of column (6).
- 21 In column (22), when submitting the form as a "notification of administrative processing outsourcing", enter the date of administrative processing outsourcing, and when submitting it as "notification of establishment of insurance relationship (definite term)", enter the scheduled date of business completion.
- 22 In column (23), enter the expected number of average workers employed per day in the insurance year (number obtained by dividing the annual total number of employed workers (including temporary and day laborers) by the prescribed number of working days) (if there is a fraction after the decimal point, round it down).
- 23 In column (24), fill in the total number of persons including the number of "general/short-term" and the number of "day-labor" in column (7).
- 24 In column (26), if the business to be notified changes from individual enrollment to outsourced enrollment, from an administrative affairs association to another administrative affairs association, or from outsourced enrollment to individual enrollment, enter the original labor insurance number.
- 25 Fill in column (27) as follows:
 - a. For a business of single application, among businesses that have already been assigned a labor insurance number, enter the labor insurance number for the business under the same administrative jurisdiction (if there are two or more such businesses, enter the labor insurance numbers for the two main businesses among them, using column (28) as well).
 - b.For a business of dual application, for the business under another administrative jurisdiction, enter the labor insurance number for the business (if there are two or more such businesses, enter the labor insurance numbers for the two main businesses among them, using column (28) as well).
- 26 In column (29), if a corporation number is specified, enter the specified corporation number.

* A person who is eligible to be insured by employment insurance need to submit a "notification of acquisition of qualification to be insured by employment insurance" pertaining to the relevant person to the relevant Public Employment Security Office.

Form 6 (Related to Article 24, Article 25, and Article 33) (A) (1)

Standard character style

0123456789

Read (3) *Notes on Filling Out the Form* carefully before filling out the form.
Please use the above-mentioned "standard character style" when filling in the OCR boxes.

Labor Insurance
Act on Asbestos Health
Damage Relief

Estimated/Increased Estimated/Final
Insurance Premiums
General contribution

Declaration Form

Continued Business
(including bulk definite term business)

For submission

I hereby declare as follows.

Category
32700

*Revision item number

*Input collection code

*Various classifications

MonthDayYear

(1) Labor insurance number

(2) Date of increase (Japanese era name: 9 for Reiwa)

(3) Date of abolition, etc. of business (Japanese era name: 9 for Reiwa)

(4) Number of regular employees

(5) Number of persons insured by employment insurance

(6) Reason for abolition, etc. of business

Chiyoda-ku,Kudan-minami,1-2-1,
Kudan dai3goudouchousha 12F

To. Labor Insurance Special Account Revenue Collector

(7) Classification
Labor Insurance premium
For industrial accident compensation insurance
For employment insurance
General contribution (Note 1)

Calculation period
FromMonthDayYeartoMonthDayYear

(8) Insurance premium/general contribution calculation base amount
(a) (b) (c) (d) (e) (f)

(9) Insurance premium/general contribution rate
(a) (b) (c) (d) (e) (f)

(10) Final insurance premium/general contribution amount ((8) x (9))
(a) (b) (c) (d) (e) (f)

(11) Classification
Labor Insurance premium
For industrial accident compensation insurance
For employment insurance

Calculation period
FromMonthDayYeartoMonthDayYear

(12) Estimated amount of insurance premium base amount
(a) (b) (c) (d) (e)

(13) Insurance premium rate
(a) (b) (c) (d) (e)

(14) Estimated/increased estimated insurance premium amount ((12) x (13))
(a) (b) (c) (d) (e)

(15) Zip code of business owner (if there is any change)

(16) Telephone number of business owner (if there is any change)

(17) Application for deferred payment
Number of payments

*Classification of recalculation status

*Classification of basic calculation survey target

*Data instruction code

*Classification of retyping

*Revision/item

(18) Declared estimated insurance premium amount
(20) Balance
(a) Appropriate amount
(b) Refund amount
(c) Deficiency
(d) Intention to appropriate
(e) Amount appropriated for labor insurance premium
(f) Amount of general contribution
(g) Amount paid in this period

(19) Declared estimated insurance premium amount
(21) Increased estimated insurance premium amount ((14) (a) - (19))
(31) Corporation number

(22) Payment amount by period
Full period or 1st period (initial period)
2nd period
3rd period

(a) Estimated insurance premium amount
(b) Amount appropriated for labor insurance premium
(c) Deficiency
(d) Labor insurance premium for this period
(e) Amount appropriated for general contribution
(f) Amount of general contribution
(g) Amount paid in this period

(23) Date of establishment of insurance relationship
(24) Reason for abolition, etc. of business
(1) Abolition (2) Outsourcing
(3) Individual (4) No worker
(5) Other

(26) Carried labor insurance
(a) Industrial accident compensation insurance
(b) Employment insurance
(27) Special business
(a) Applicable
(b) Not applicable

(28) Business
(a) Location
(b) Name

Zip code
(a) Address
(b) Name
(c) Name
Column to be filled out by certified social insurance labor consultant

Telephone number
() -
Name
Telephone number

I agree that the Government of Japan will accept the above declaration translated into Japanese and inserted on the Japanese form.

Notice of Receipt

Seal

Labor Insurance

Treasury money

(Example)

¥

0

1

2

3

4

5

6

7

8

9

©Follow the example and write the numbers using a black ballpoint pen, pressing firmly, making sure to write within the character boxes.

30840

Name of agency

*Agency number

Collection account

insurance premium income and general contribution income

Special account for labor insurance

0847

Jurisdiction of Ministry of Health, Labour and

6118

Reiwa

Fiscal year

Labor insurance number

Prefecture

Administrative jurisdiction

Jurisdiction (1)

Trunk number

Branch number

*Accounting year

(Japanese era name: 9 for Reiwa)

Japanese era name

—

Fiscal year

(Item 2)

*Collecting year

(Japanese era name: 9 for Reiwa)

Japanese era name

—

Fiscal year

(Item 3)

*Date of receipt (Japanese era name: 9 for Reiwa)

Japanese era name

—

year

—

Month

—

Day

(Item 4)

*Classification of receipt

(Item 5)

Institution of receipt

(Item 6)

Classification of certification

(Item 7)

*Collection

(Item 8)

*Data instruction code

(Item 13)

*Amount for which policy has been received

yen

*CD

1

*Policy received

All

Part

Incorporated in the current fiscal year's revenue from May 1st of the following fiscal year

Breakdown

Labor insurance premium

(Item 10)

General contribution

(Item 11)

Amount paid (Total amount)

(Item 12)

Address

Zip code

102-8307

Chiyoda-ku,Kudan-minami,1-2-1,
Kudan dai3goudouchousha 12F

We have received the above-mentioned total amount.

Date of receipt, etc.

Purpose of payment

1. Reiwa

Estimate for the fiscal year

Period

Increased estimated.....1

Rate increase.....2

2.

Indication by period

Full period/1st (initial) period:.....1

2nd period2

3rd period3

4th period (1st period in the following fiscal year)4

3. Reiwa

Fiscal year Final

(Address) Zip code

(Name)

(Mr./Ms.)

Place of payment

Bank of Japan (head office/branch/agency or revenue agency), competent prefectural labor bureau, competent labor standards inspection office

(To be sent to the government office)

©Read the notes on the back side of (3) carefully and fill in the information within the bold frame.

©This form will be machine processed, so do not soil or fold it.

- 4 -

[Notes on Filling Out the Form]

- 1 The characters to be written within the boxes shown as (hereinafter referred to as “character boxes”) will be read directly by an optical character reader (OCR), so do not soil this form or fold it more than necessary.
- 2 Leave those columns or character boxes for which you do not have items to be filled in blank, and when you select an item, circle the relevant item. Do not fill in the columns or character boxes marked with *.
- 3 Be sure to use a black ballpoint pen to write clearly within the character boxes, using large characters, and Arabic numerals, following the standard character style at the upper right of the form.
- 4 In column (1), enter the assigned labor insurance number.
- 5 In column (2), when submitting the form as a declaration form of increased estimated insurance premium, enter the date on which the estimated amount of insurance premium base amount is increased.
- 6 In columns (3) and (24), when declaring the final insurance premium and general contribution, if there is (1) abolition of business, (2) change from individual enrollment to outsourced enrollment (including the case where the outsourcing is transferred from one administrative affairs association to another administrative affairs association), (3) change from outsourced enrollment to individual enrollment, (4) suspension of employment of workers (excluding cases falling under (1)), or (5) other fact, enter the date of the event and circle the relevant item.
- 7 In column (4), at the time of annual renewal, when submitting this form as a declaration form of final insurance premium/estimated insurance premium/general contribution (hereinafter referred to as “declaration form for annual renewal”), enter the total number of workers employed on the last day of each month belonging to the insurance year immediately preceding the relevant insurance year (if there is a wage cut-off day, the wage cut-off day immediately preceding the last day of each month) divided by 12 (for businesses in which a labor insurance relationship has been established in the middle of the immediately preceding insurance year, the number of months that fall after the month in which the labor insurance relationship has been established and that belong to the immediately preceding insurance year).
For businesses that handle cargo in docks, ships, quays, wharves, stations, or warehouses, and businesses that are deemed to be a business pursuant to the provisions of Article 7 of the Premiums Collection Act, enter the average number of workers employed per day in the immediately preceding insurance year (the number of total employed workers divided by the number of scheduled working days during the immediately preceding insurance year).
- 8 Enter in column (5) the average number of persons insured by employment insurance per month in the previous fiscal year, when submitting the form as a declaration form for annual renewal, at the time of annual renewal.
- 9 Fill in columns (8) and (12) as follows:
 - (1) If the amounts of (b) and (e) are the same, fill in only column (a), and if the amounts of (b) and (e) are different, fill in the respective columns of (b) and (e).
 - (2) If the insurance relationship is established only for industrial accident compensation insurance, fill in (b), and if the insurance relationship is established only for employment insurance, fill in (e).
 - (3) In column (8) (f), enter the wage bill that will be the basis for calculating general contribution.
 - (4) If there is a fraction less than 1,000 yen in the amount, round it down.
 - (5) When submitting this form as a declaration form for annual renewal at the time of annual renewal, if the insurance relationship has been established both for industrial accident compensation insurance and employment insurance, compare the amount in (a) or the total amount of (b) and (e) in column (8) with the estimated base amount for calculating insurance premiums for the following insurance year, and if the insurance relationship has been established either for industrial accident compensation insurance or employment insurance, compare the amount in (b) or (e) in column (8) with the estimated base amount for calculating insurance premiums for the following insurance year, and when the estimated base amount for calculating insurance premiums for the following insurance year is between 50/100 and 200/100 in column (8), for (a) through (e) in column (12), enter the amounts from (a) to (e) in column (8), respectively.
- 10 When having filled in (b) and (e) in column (10), enter the total amount thereof in (a).
- 11 In column (11) (f), enter the amount obtained by multiplying the amount of column (8) (f) by the rate of column (9) (f).
- 12 When having filled in (b) and (e) in column (14), enter the total amount thereof in (a).
- 13 Enter any changes in columns (15) and (16) at the time of annual renewal when submitting the form as a declaration form for annual renewal.
- 14 In column (17), enter the number of times of payment when the payment of estimated insurance premium is deferred.
- 15 In column (18), when using this form as a declaration form for final insurance premium and general contribution or declaration form for annual renewal at the time of annual renewal, enter the amount of estimated insurance premium that has already been paid.
- 16 When using this declaration form as a declaration form for increased estimated insurance premium, enter the amount of the declared estimated insurance premium in column (19).
- 17 Transfer the amount entered in (22) (d) to the “labor insurance premium” column of the payment notice, the amount entered in (f) to the “general contribution” column, and the amount entered in (g) to the “amount paid (total amount)” column of the payment notice, respectively.
- 18 In column (25), enter the type of business under the “Table of Industrial Accident Compensation Insurance Rates”, or the business under the “Table of Class II Special Enrollment Insurance Premium Rates”, or the type of work.
- 19 In column (28), enter the location and name of the business for which insurance relationship has been established.
- 20 In column (29), enter the address (in the case of a corporation, location of its principal office)/name (in the case of a corporation, name of its representative) of the business owner.
- 21 In column (30), if you wish to appropriate the amount of the estimated insurance premium that has already been paid that exceeds the final insurance premium amount to the estimated insurance premium or general contribution for the next insurance year, enter the relevant number.
- 22 Attach this declaration form in paying the special premium of industrial accident compensation insurance as well, and regarding columns (8) through (14), be sure to fill in (b).
- 23 In column (31), if a corporation number is specified, enter the specified corporation number.

* A person who is eligible to be insured by employment insurance need to submit a "notification of acquisition of qualification to be insured by employment insurance" pertaining to the relevant person to the relevant Public Employment Security Office.

Form 23-2 (Related to Article 57)

Report of Applicable Business

Type of business		Name of business				Location of business (telephone number)			
						Telephone number ()			
Number of workers	Category	Over 18 years of age		Over 15 years of age and under 18 years of age		Under 15 years of age		Total	
	Commuting	Male	()	()	()	()	()	()	
		Female	()	()	()	()	()	()	
		Total	()	()	()	()	()	()	
	Boarding	Male	()	()	()	()	()	()	
		Female	()	()	()	()	()	()	
		Total	()	()	()	()	()	()	
	Grand total		()	()	()	()	()	()	
	Remarks		Date of application: Month Day, Year						
		Month	Day	Year					

Employer Title
Name

To. Chief of Labour Standards Inspection Office

Guidelines for filling out the form

1. When employing workers who work belowground, enter the number thereof in parentheses in the column for the number of workers.
2. In the column for remarks, enter the date of application.

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 Workplace only				workers 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

[illegible]

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 ()

様式 5

Filing of Agreement on Overtime Work
Work on Days Off

Form 9 (Related to Article 16, paragraph (1))

Labour insurance number	<table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td colspan="2">Prefecture</td><td colspan="2">Municipality</td><td colspan="2">Jurisdiction</td><td colspan="4">Trunk number</td><td colspan="3">Branch number</td><td colspan="4">Bulk workplace number</td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Prefecture		Municipality		Jurisdiction		Trunk number				Branch number			Bulk workplace number			
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Prefecture		Municipality		Jurisdiction		Trunk number				Branch number			Bulk workplace number																						
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Type of business		Name of business			Location of business (telephone number)				Effective term of agreement		
					(〒 —) (Telephone number: - -)						
Overtime work		Specific reasons why the employer needs employees to work overtime	Type of work	Number of workers (Persons over 18 years of age)	Prescribed working hours (1 day) (optional)	Number of hours that can be extended					
						1 day		1 month (Up to 45 hours for (1) and up to 42 hours for (2))		1 year (Up to 360 hours for (1) and up to 320 hours for (2))	
	Number of hours exceeding statutory working hours		Number of hours exceeding prescribed working hours (optional)		Number of hours exceeding statutory working hours		Number of hours exceeding prescribed working hours (optional)		Starting date (Month Day, Year)		
	(1) Workers who do not fall under (2) below										
(2) Workers who work under 1-year variable working hour system											
Work on Days Off	Specific reasons why the employer needs employees to work on days off		Type of work	Number of workers (Persons over 18 years of age)	Prescribed days off (optional)		Number of statutory days off on which the employer may require employees to work		Start and finish times on statutory days off on which the employer may require employees to work		
Notwithstanding the number of hours specified above, the total number of hours including the hours of overtime work and work on days off must be less than 100 hours per month, and must not exceed 80 hours on average from two months to six months. <input type="checkbox"/> (The checkbox must be marked)											

Date of establishment of the agreement: Month Day Year

Name of the labour union that is a party to the agreement (labour union organized by the majority of workers at the workplace)/ person Title
representing the majority of workers Name

How to elect a party to the agreement (in the case of a person representing the majority of workers) ()

The labour union that is a party to the agreement mentioned above is a labour union organized by the majority of all workers at the workplace, or the person representing the majority of the workers that is a party to the above-mentioned agreement is the person representing the majority of all workers at the workplace. ☐
(The checkbox must be marked)

The person representing the majority of the workers mentioned above is not a person in a position of supervision or management as stipulated in Article 41, item (ii) of the Labor Standards Act, and is a person who is elected through procedures such as voting and a show of hands that clearly state that a person who will enter into an agreement, etc. stipulated in the Act is elected and is not elected based on the intention of the employer. ☐ (The checkbox must be marked)

Month Day Year

Employer Title
Name

To. Chief of Labour Standards Inspection Office

Form 9 (Related to Article 16, paragraph (1)) (back side)

(Guidelines for filling out the form)

1. In the “type of work” column, enter specific work for which the employer needs employees to work overtime work or work on days off, and if an agreement has been established regarding work that is particularly harmful to health as stipulated in Article 36, paragraph (6), item (i) of the Labor Standards Act, enter the work separately from other work. In entering a type of work, note that the scope of work must be clarified by subdividing the work categories.
2. In the “number of workers (persons over 18 years of age)” column, enter the number of workers whom the employer may require to work overtime or work on a day off.
3. In filling out the “number of hours that can be extended” column, follow the instructions below. For the number of hours, enter the number of hours that exceeds the maximum working hours for which the employer may require employees to work pursuant to the provisions of Article 32 through Article 32-5 or Article 40 of the Labor Standards Act (hereinafter referred to as “statutory working hours”). Notwithstanding the number of hours entered in this column, note that, if the total number of hours including the hours of overtime work and work on days off is 100 or more hours in one month, or exceeds 80 hours on average from two months to six months, it shall be a violation of the Labor Standards Act (imprisonment with work of not more than six months or a fine of not more than 300,000 yen pursuant to the provisions of Article 119 of the Act).
 - (1) In the “1 day” column, enter the number of hours that can be extended beyond the statutory working hours, which is the maximum number of hours that can be extended per day. If an agreement is established regarding the number of hours exceeding the prescribed working hours as well, the number of hours exceeding the prescribed working hours can also be entered.
 - (2) In the “1 month” column, enter the number of hours that can be extended beyond the statutory working hours, which is the maximum number hours that can be extended per month from the date specified in the “starting date” entered in the “1 year” column, within 45 hours (42 hours for those who work under 1-year variable working hour system for a period exceeding three months). If an agreement is established regarding the number of hours exceeding the prescribed working hours as well, the number of hours exceeding the prescribed working hours can also be entered.
 - (3) In the “1 year” column, enter the number of hours that can be extended beyond the statutory working hours, which is the maximum number hours that can be extended per year from the date specified in the “starting date”, within 360 hours (320 hours for those who work under 1-year variable working hour system for a period exceeding three months). If an agreement is established regarding the number of hours exceeding the prescribed working hours as well, the number of hours exceeding the prescribed working hours can also be entered.
4. For column (2), fill in information about workers who work according to the working hours pursuant to the provisions of Article 32-4 of the Labor Standards Act (limited to those who work under 1-year variable working hour system for a period exceeding three months). Note that the upper limit of the hours that can be extended is shorter than that for workers in column (1) (42 hours per month, 320 hours per year).
5. In the “number of statutory days off on which the employer may require employees to work” column, enter the number of days on which the employer may require employees to work on days off pursuant to the provisions of Article 35 of the Labor Standards Act (note that it stipulates one day off per week or four days off per four-week period).
6. In the “start and finish times on statutory days off on which the employer may require employees to work” column, enter the start and finish times of the day that is a day off pursuant to the provisions of Article 35 of the Labor Standards Act and on which the employer may require employees to work.
7. Regarding the checkbox for the purpose of complying with the requirements in Article 36, paragraph (6), items (ii) and (iii) of the Labor Standards Act, note that “from two months to six months” refers to a period of two to six consecutive months, including a period that extends beyond the starting date. In addition, note that, if the checkbox is not marked, the agreement will not be deemed as effective.
8. Regarding an agreement, it shall be established with a labour union organized by the majority of workers, if any, or with a person representing the majority of workers if there is no labour union organized by the majority of workers. Pursuant to the provisions of Article 6-2, paragraph (1) of the Ordinance for Enforcement of the Labor Standards Act, the person representing the majority of the workers shall not be a person in a position of supervision or management as stipulated in Article 41, item (ii) of the Labor Standards Act, and shall be a person who is elected through procedures

such as voting and a show of hands that clearly state that a person who will enter into an agreement, etc. stipulated in the Act is elected and shall not be elected based on the intention of the employer. Note that, if these requirements are not met, the agreement will not be deemed as effective. In addition, note that, even if these requirements are met, when the checkbox pertaining to the requirement is not marked, it does not comply with the formal requirements for filing.

9. If an agreement is established using this form, also note that it is concluded in a manner that makes it clear on the agreement that both workers and employers who are parties to the agreement have agreed to it.
10. If the space in this form is insufficient to fill in information, use another copy of the same form. In this case, it is acceptable to fill in only the necessary information.

(Remarks)

1. Pursuant to the provisions of Article 24-2, paragraph (4) of the Ordinance for Enforcement of the Labor Standards Act, when filing the content of an agreement under Article 38-2, paragraph (2) of the Labor Standards Act (an agreement regarding the hours normally required to work outside of the workplace) by adding such content in this form, distinguish work that is subject to work outside the workplace from other work, write in parentheses that it is work that is subject to work outside of the workplace, and enter in parentheses the hours normally required to perform such work in the “prescribed working hours” column. In addition, in the “effective term of agreement” column, enter in parentheses the effective term of the agreement on work outside the workplace.
2. Pursuant to the provisions of Article 38-4, paragraph (5) of the Labor Standards Act, at a workplace where a labour-management committee has been established, when submitting this form as a resolution of the labour-management committee, separately submit a form stating that the resolution has been established by a majority vote of four-fifths or more of the committee members, the number of committee members, and the names of the committee members, and “agreement” in this form shall be replaced with “resolution of the labour-management committee”, “labour union that is a party to the agreement” with “labour union that has appointed half of the members of the committee for a fixed term”, and “How to elect a party to the agreement (in the case of a person representing the majority of workers)” with “How to select a person who has appointed half of the members of the committee for a fixed term (in the case of a person representing the majority of workers)”. Note that, in entering the names of committee members, members appointed for a fixed term shall be distinguished from other members, and in entering the names of members appointed for a fixed term, pursuant to the provisions of paragraph (2), item (i) of the same Article, a labour union organized by the majority of workers, if any, or the name of a committee member appointed for a fixed term by a person representing the majority of workers, if there is no labour union organized by the majority of workers, shall be entered.
3. Pursuant to the provisions of Article 7 of the Act on Special Measures for Improvement of Working Hours Arrangements, at a workplace where a committee on the improvement of working time arrangements, etc. has been established, when submitting this form as a resolution of the committee, separately submit a form stating that the resolution has been established by a majority vote of four-fifths or more of the committee members, the number of committee members, and the names of the committee members, and “agreement” in this form shall be replaced with “resolution of the committee on the improvement of working time arrangements, etc.”, “labour union that is a party to the agreement” with “labour union that has recommended half of the members of the committee”, and “How to elect a party to the agreement (in the case of a person representing the majority of workers)” with “How to elect a person who has recommended half of the members of the committee (in the case of a person representing the majority of workers)”. Note that, in entering the names of committee members, members appointed based on recommendation shall be distinguished from other members, and in entering the names of members appointed based on recommendation, pursuant to the provisions of item (i) of the same Article, a labour union organized by the majority of workers, if any, or the name of a committee member appointed based on recommendation by a person representing the majority of workers, if there is no labour union organized by the majority of workers, shall be entered.

Labour insurance number	<div style="display: flex; justify-content: space-around;"> [][] Prefecture [] Administrative prefecture [][] Jurisdiction [][][][][][][] Trunk number [][][] Branch number [][][][][] Bulk workplace number </div>
Corporate number	[][][][][][][][][][][][][][]

Type of business			Name of business		Location of business (telephone number)				Effective term of agreement				
					(〒 —) (Telephone number: - -)								
Overtime work		Specific reasons why the employer needs employees to work overtime	Type of work	Number of workers (Persons over 18 years of age)	Prescribed working hours (1 day) (optional)	Number of hours that can be extended							
						1 day		1 month (Up to 45 hours for (1) and up to 42 hours for (2))		1 year (Up to 360 hours for (1) and up to 320 hours for (2))			
	(1) Workers who do not fall under (2) below					Number of hours exceeding statutory working hours	Number of hours exceeding prescribed working hours (optional)	Number of hours exceeding statutory working hours	Number of hours exceeding prescribed working hours (optional)	Starting date (Month Day, Year)			
										Number of hours exceeding statutory working hours	Number of hours exceeding prescribed working hours (optional)	Number of hours exceeding statutory working hours	Number of hours exceeding prescribed working hours (optional)
	(2) Workers who work under 1-year variable working hour system												
	Work on Days Off	Specific reasons why the employer needs employees to work on days off		Type of work	Number of workers (Persons over 18 years of age)	Prescribed days off (optional)		Number of statutory days off on which the employer may require employees to work		Start and finish times on statutory days off on which the employer may require employees to work			
Notwithstanding the number of hours specified above, the total number of hours including the hours of overtime work and work on days off must be less than 100 hours per month, and must not exceed 80 hours on average from two months to six months. <input type="checkbox"/> (The checkbox must be marked)													

Form 9-2 (Related to Article 16, paragraph (1)) (back side)

(Guidelines for filling out the form)

1. In the “type of work” column, enter specific work for which the employer needs employees to work overtime work or work on a day off, and if an agreement has been established regarding work that is particularly harmful to health as stipulated in Article 36, paragraph (6), item (i) of the Labor Standards Act, enter the work separately from other work. In entering a type of work, note that the scope of work must be clarified by subdividing the work categories.
2. In the “number of workers (persons over 18 years of age)” column, enter the number of workers whom the employer may require to work overtime or work on a day off.
3. In filling out the “number of hours that can be extended” column, follow the instructions below. For the number of hours, enter the number of hours that exceeds the maximum working hours for which the employer may require employees to work pursuant to the provisions of Article 32 through Article 32-5 or Article 40 of the Labor Standards Act (hereinafter referred to as “statutory working hours”). Notwithstanding the number of hours entered in this column, note that, if the total number of hours including the hours of overtime work and work on days off is 100 or more hours in one month, or exceeds 80 hours on average from two months to six months, it shall be a violation of the Labor Standards Act (imprisonment with work of not more than six months or a fine of not more than 300,000 yen pursuant to the provisions of Article 119 of the Act).
 - (1) In the “1 day” column, enter the number of hours that can be extended beyond the statutory working hours, which is the maximum number of hours that can be extended per day. If an agreement is established regarding the number of hours exceeding the prescribed working hours as well, the number of hours exceeding the prescribed working hours can also be entered.
 - (2) In the “1 month” column, enter the number of hours that can be extended beyond the statutory working hours, which is the maximum number hours that can be extended per month from the date specified in the “starting date” entered in the “1 year” column, within 45 hours (42 hours for those who work under 1-year variable working hour system for a period exceeding three months). If an agreement is established regarding the number of hours exceeding the prescribed working hours as well, the number of hours exceeding the prescribed working hours can also be entered.
 - (3) In the “1 year” column, enter the number of hours that can be extended beyond the statutory working hours, which is the maximum number hours that can be extended per year from the date specified in the “starting date”, within 360 hours (320 hours for those who work under 1-year variable working hour system for a period exceeding three months). If an agreement is established regarding the number of hours exceeding the prescribed working hours as well, the number of hours exceeding the prescribed working hours can also be entered.
4. For column (2), fill in information about workers who work pursuant to the working hours pursuant to the provisions of Article 32-4 of the Labor Standards Act (limited to those who work under 1-year variable working hour system for a period exceeding three months). Note that the upper limit of the hours that can be extended is shorter than that

for workers in column (1) (42 hours per month, 320 hours per year).

5. In the “number of statutory days off on which the employer may require employees to work” column, enter the number of days on which the employer may require employees to work on days off pursuant to the provisions of Article 35 of the Labor Standards Act (note that it stipulates a one day off per week or four days off per four-week period).
6. In the “start and finish times on statutory days off on which the employer may require employees to work” column, enter the start and finish times of the day that is a day off pursuant to the provisions of Article 35 of the Labor Standards Act and on which the employer may require employees to work.
7. Regarding the checkbox for the purpose of complying with the requirements in Article 36, paragraph (6), items (ii) and (iii) of the Labor Standards Act, note that “from two months to six months” refers to a period of two to six consecutive months, including a period that extends beyond the starting date. In addition, note that, if the checkbox is not marked, the agreement will not be deemed as effective.
8. Regarding an agreement, it shall be established with a labour union organized by the majority of workers, if any, or with a person representing the majority of workers if there is no labour union organized by the majority of workers. Pursuant to the provisions of Article 6-2, paragraph (1) of the Ordinance for Enforcement of the Labor Standards Act, the person representing the majority of the workers shall not be a person in a position of supervision or management as stipulated in Article 41, item (ii) of the Labor Standards Act, and shall be a person who is elected through procedures such as voting and a show of hands that clearly state that a person who will enter into an agreement, etc. stipulated in the Act is elected and shall not be elected based on the intention of the employer. Note that, if these requirements are not met, the agreement will not be deemed as effective.
9. If an agreement is established using this form, also note that it is concluded in a manner that makes it clear on the agreement that both workers and employers who are parties to the agreement have agreed to it.
10. If the space in this form is insufficient to fill in information, use another copy of the same form. In this case, only the necessary information can be filled in.

(Remarks)

1. Pursuant to the provisions of Article 24-2, paragraph (4) of the Ordinance for Enforcement of the Labor Standards Act, when filing the content of an agreement under Article 38-2, paragraph (2) of the Labor Standards Act (an agreement regarding the hours normally required to work outside of the workplace) by adding such content in this form, distinguish work that is subject to work outside the workplace from other work, write in parentheses that it is work that is subject to work outside of the workplace, and enter in parentheses the hours normally required to perform such work in the “prescribed working hours” column. In addition, in the “effective term of agreement” column, enter in parentheses the effective term of the agreement on work outside the workplace.

Filing of Agreement on Overtime Work Work on Days Off (Special Clause)

Form 9-2 (Related to Article 16, paragraph (1))

Cases in which the employer may require employees to work temporarily beyond the maximum hours	Type of work	Number of workers (Persons over 18 years of age)	1 day (optional)		1 month (Total number of hours of overtime work and work on days off; Limited to less than 100 hours)			1 year (Number of hours of overtime work only; Limited to 720 hours or less)		
			Number of hours that can be extended		Number of times the employer may require employees to work beyond the maximum hours (Limited to less than 6 times)	Number of hours that can be extended and number of hours of work on days off		Extra wage rate pertaining to work exceeding the maximum hours	Starting date (Month Day, Year)	
			Number of hours exceeding statutory working hours	Number of hours exceeding prescribed working hours (optional)		Total number of hours exceeding statutory working hours and hours of work on days off	Total number of hours exceeding prescribed working hours and hours of work on days off (optional)		Number of hours exceeding statutory working hours	Number of hours exceeding prescribed working hours (optional)	Extra wage rate pertaining to work exceeding the maximum hours
Procedures when requiring employees to work beyond the maximum hours										
Measures to ensure the health and welfare of workers whom the employer requires to work beyond the maximum hours	(Appropriate number)	(Specific details)								
<p>Notwithstanding the number of hours specified above, the total number of hours including the hours of overtime work and work on days off must be less than 100 hours per month, and must not exceed 80 hours on average from two months to six months. <input type="checkbox"/></p> <p>(The checkbox must be marked)</p>										

Date of establishment of the agreement: Month Day Year

Name of the labour union that is a party to the agreement (labour union organized by the majority of workers at the workplace)/person representing the majority of workers Title Name

How to elect a party to the agreement (in the case of a person representing the majority of workers) ()

The labour union that is a party to the agreement mentioned above is a labour union organized by the majority of all workers at the workplace, or the person representing the majority of the workers that is a party to the above-mentioned agreement is the person representing the majority of all workers at the workplace. ☐

(The checkbox must be marked)

The person representing the majority of the workers mentioned above is not a person in a position of supervision or management as stipulated in Article 41, item (ii) of the Labor Standards Act, and is a person who is elected through procedures such as voting and a show of hands that clearly state that a person who will enter into an agreement, etc. stipulated in the Act is elected and is not elected based on the intention of the employer. ☐ (The checkbox must be marked)

Month Day Year

Employer Title Name

To. Chief of Labour Standards Inspection Office

(Guidelines for filling out the form)

1. In establishing an agreement under Article 36, paragraph (1) of the Labor Standards Act, when any provisions concerning the matters stipulated in paragraph (5) of the same article are concluded, fill out this form as follows:
 - (1) In the “cases in which the employer may require employees to work temporarily beyond the maximum hours” column, describe, as specifically as possible, cases where it is necessary to require employees to work temporarily beyond the maximum hours due to a significant increase in the amount of work that cannot normally be foreseen at the workplace. Note that those that could lead to permanent long working hours, such as “when it is necessary for business reasons” or “when it is unavoidable for business reasons”, will not be approved.
 - (2) In the “type of work” column, enter specific work for which the employer needs employees to work overtime work or work on a day off, and if an agreement has been established regarding work that is particularly harmful to health as stipulated in Article 36, paragraph (6), item (i) of the Labor Standards Act, enter the work separately from other work. In entering a type of work, note that the scope of work must be clarified by subdividing the work categories.
 - (3) In the “number of workers (persons over 18 years of age)” column, enter the number of workers whom the employer may require to work overtime or work on a day off.
 - (4) In the “starting date” column, enter the same date as the starting date of the “Filing of Agreement on Overtime Work/Work on days off” in this form.
 - (5) In the “number of hours that can be extended” column, enter the total number of hours that exceeds the maximum working hours during which the employer may require employees to work pursuant to the provisions of Articles 32 through 32-5 or Article 40 of the Labor Standards Act (hereinafter referred to as “statutory working hours”) and the number of hours of work on days off, which is the maximum number of hours that can be extended per month from the date specified in the “starting date”, within a range of less than 100 hours. If an agreement is established regarding the number of hours exceeding the prescribed working hours as well, the total number of hours exceeding the prescribed working hours and hours of work on days off can also be entered.
 In the “number of hours that can be extended” column, enter the number of hours that can be extended beyond the statutory working hours. In “1 year”, enter the maximum number of hours that can be extended per year from the date specified in the “starting date” within the range of 720 hours. If an agreement is established regarding the number of hours exceeding the prescribed working hours as well, the number of hours exceeding the prescribed working hours can also be entered.
 Notwithstanding the number of hours entered in these columns, note that, if the total number of hours including the hours of overtime work and work on days off is 100 or more hours in one month, or exceeds 80 hours on average from two months to six months, it shall be a violation of the Labor Standards Act (imprisonment with work of not more than six months or a fine of not more than 300,000 yen pursuant to the provisions of Article 119 of the Act).
 - (6) In the “number of times the employer may require employees to work beyond the maximum hours” column, enter the number of times the employer may require employees to work beyond the maximum hours (45 hours per month (42 hours for those who work under 1-year variable working hour system for a period exceeding three months)), within a range of up to six times.
 - (7) In the “extra wage rate pertaining to work exceeding the maximum hours” column, enter the rate of extra wage pertaining to overtime work exceeding the maximum hours. For the rate of extra wage, try to make it exceed the statutory rate of extra wage.
 - (8) In the “procedures when requiring employees to work beyond the maximum hours” column, enter specific details such as “consultation” and “notice” as procedures between the parties to the agreement.
 - (9) In the “measures to ensure the health and welfare of workers whom the employer requires to work beyond the maximum hours” column, select and fill in the number below in “(appropriate number)” and write the specific details in “(specific details)”:
 - (i) Implement face-to-face guidance by a physician for the worker whose working hours have exceeded a certain number of hours;
 - (ii) Keep the number of times the employer requires employees to work between the times prescribed in Article 37, paragraph (4) of the Labor Standards Act within a certain number of times per month;
 - (iii) Ensure a continuous break time for a certain amount of time between the end of work and the start of work;
 - (iv) Grant compensatory days off or special leave to workers according to their working and health conditions;
 - (v) Implement health checkups according to the workers’ working and health conditions;
 - (vi) Encourage workers to take annual paid leave, including taking a large number of consecutive days;
 - (vii) Establish a consultation desk for mental and physical health issues;
 - (viii) Take into account the working and health conditions of workers, and if necessary, relocate them to an appropriate department;
 - (ix) If necessary, receive advice/guidance from an industrial physician, etc., or allow workers to receive health guidance from an industrial physician, etc.; or

(x) Other

2. Regarding the checkbox for the purpose of complying with the requirements in Article 36, paragraph (6), items (ii) and (iii) of the Labor Standards Act, note that “from two months to six months” refers to a period of two to six consecutive months, including a period that extends beyond the starting date. In addition, note that, if the checkbox is not marked, the agreement will not be deemed as effective.
3. Regarding an agreement, it shall be established with a labour union organized by the majority of workers, if any, or with a person representing the majority of workers if there is no labour union organized by the majority of workers. Pursuant to the provisions of Article 6-2, paragraph (1) of the Ordinance for Enforcement of the Labor Standards Act, the person representing the majority of the workers shall not be a person in a position of supervision or management as stipulated in Article 41, item (ii) of the Labor Standards Act, and shall be a person who is elected through procedures such as voting and a show of hands that clearly state that a person who will enter into an agreement, etc. stipulated in the Act is elected and shall not be elected based on the intention of the employer. Note that, if these requirements are not met, the agreement will not be deemed as effective. In addition, note that, even if these requirements are met, when the checkbox pertaining to the requirement is not marked, it does not comply with the formal requirements for notification.
4. If an agreement is established using this form, also note that it is concluded in a manner that makes it clear on the agreement that both workers and employers who are parties to the agreement have agreed to it.
5. If the space in this form is insufficient to fill in information, use another copy of the same form. In this case, it is acceptable to fill in only the necessary information.

(Remarks)

1. Pursuant to the provisions of Article 38-4, paragraph (5) of the Labor Standards Act, at a workplace where a labour-management committee has been established, when submitting this form as a resolution of the labour-management committee, separately submit a form stating that the resolution has been established by a majority vote of four-fifths or more of the committee members, the number of committee members, and the names of the committee members, and “agreement” in this form shall be replaced with “resolution of the labour-management committee”, “labour union that is a party to the agreement” with “labour union that has appointed half of the members of the committee for a fixed term”, and “How to elect a party to the agreement (in the case of a person representing the majority of workers)” with “How to elect a person who has appointed half of the members of the committee for a fixed term (in the case of a person representing the majority of workers)”. Note that, in entering the names of committee members, members appointed for a fixed term shall be distinguished from other members, and in entering the names of members appointed for a fixed term, pursuant to the provisions of paragraph (2), item (i) of the same Article, a labour union organized by the majority of workers, if any, or the name of a committee member appointed for a fixed term by a person representing the majority of workers, if there is no labour union organized by the majority of workers, shall be entered.
2. Pursuant to the provisions of Article 7 of the Act on Special Measures for Improvement of Working Hours Arrangements, at a workplace where a committee on the improvement of working time arrangements, etc. has been established, when submitting this form as a resolution of the committee, separately submit a form stating that the resolution has been established by a majority vote of four-fifths or more of the committee members, the number of committee members, and the names of the committee members, and “agreement” in this form shall be replaced with “resolution of the committee on the improvement of working time arrangements, etc.”, “labour union that is a party to the agreement” with “labour union that has recommended half of the members of the committee”, and “How to elect a party to the agreement (in the case of a person representing the majority of workers)” with “How to elect a person who has recommended half of the members of the committee (in the case of a person representing the majority of workers)”. Note that, in entering the names of committee members, members appointed based on recommendation shall be distinguished from other members, and in entering the names of members appointed based on recommendation, pursuant to the provisions of item (i) of the same Article, a labour union organized by the majority of workers, if any, or the name of a committee member appointed based on recommendation by a person representing the majority of workers, if there is no labour union organized by the majority of workers, shall be entered.

Report on establishment of office covered by employment insurance

(Be sure to read notice before making entries on page 2.)

様式 6

Document
types(accounts/slips)

1	2	0	0	1
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1. Corporate Number (No need to fill out
if you are an individual proprietor.)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Name of the business establishment

--

4. Postal code

				-				
--	--	--	--	---	--	--	--	--

5. Address

--

6. Telephone number of company (Please fill in each item on the left.)

						-											
--	--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--

Area code

Local exchange number

Number

7. Established date

	-						
--	---	--	--	--	--	--	--

(3 Showa 4 Heisei
5 Reiwa)

Era name

Year

Month

Day

8. Number of labour insurance

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Prefecture

Authority

Jurisdiction

Key number

Branch number 2

*
Public Employment Security
Office only

9. Establishment category

--

(1 Applicable
2 Voluntary)

10. Business category

--

(1 Individual
2 Outsource)

11. Industry category

--	--

12. Register storage type

--

(1 For businesses employing
daily insured persons only
2 Shipowner)

13. Business operator	Address (For corporations, name of main business)	17. Number of full time worker			
	Company	18. Number of insured person		General	
	Name (For corporations, full name of representative)	19. Information of salary payment		Closing day of payroll	Date
14. Summary of the business type (If a fishery, enter gross tonnage of your fishing boat)			20. Department in charge of employment insurance		General affairs section Personnel/payroll unit
15. Starting date of the business	16. Ending date of the business ※		21. Situation of joining social insurance		Health insurance Employees pension insurance Industrial accident insurance
Remarks			※	Director	
				Deputy Director	
				Manager	
				Chief	
				Staff in charge	
				Operator	

(Submit this notification within 10 days from the first day following the date business was established)

Notes

- For field 1, please enter the corporate number notified to your head office, etc., by the Commissioner of the National Tax Agency in October 2015 or later.
- Please enter the office telephone number in section 6. In this case, please write each item aligned to the left, and write the local exchange number and telephone number aligned to the left in the five boxes following the hyphen (-)
(example: 03-3456-XXXX → 03□□□□3456□□□□□)
- In section 7, enter the date on which the business became eligible for employment insurance. In this case, please 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: April 1, 2002 → 4□1□4040□)
- In section 14, please specifically enter the product name and manufacturing process or business content (for example, construction business, forestry, etc.).
- In section 18, next to "General", enter the total number of general insured persons, elderly insured persons, and short-term employment special insured persons from among those covered by employment insurance. Next to "Day Worker," enter number of insured day workers.
- For section 21, please circle the applicable items.
- In section 22, please enter a map of the route from the nearest train/subway station or bus stop to the business office.

Requests

- Please submit within 10 days from the day after establishing your business office.
- Please bring a business license, registration certificate, and other documents that can confirm the details.

22.Directions from the nearest train/subway station or bus stop to the office

Section to Be Completed
by Labor Insurance Affairs Association

Address _____

Name _____

Name of Representative _____

Start of Outsourcing _____ Date
(MM/DD/YYYY)

Cancellation of Outsourcing _____ Date
(MM/DD/YYYY)

Section to Be Completed by Labor and Social Security Attorney	Display of Creation Date/Submission Proxy /Administrative Representative	Name	Telephone

* 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.

Notes

- 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.
- 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

 →

1	3	0	1	-	5	4	3	2	1	0	-	
---	---	---	---	---	---	---	---	---	---	---	---	--

)

- For section 3, enter the corresponding number for the following categories.
 - Persons to whom (a) and (b) below apply.....1 (New)
 - Has never been an insured person before.
 - Seven years or more have passed since the person was last an insured person.
 - Persons other than persons to whom (1) above applies.....2 (Re-acquisition)
- 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.
- For section 6, enter the number of the corresponding number.
- 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
---	---	---	---	---	---	---	---

)
- 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	-	
---	---	---	---	---	---	---	---	---	---	---	---	--

)
- For section 9, enter the number of the number corresponding to the following categories.
 - From among new graduates, if section 11 is between March 1 to June 30 of the year of graduation.....1
 - 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
 - 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
 - Cases such as the following.....4
 - If the business at which the insured person is employed becomes a new applicable business
 - 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)
 - 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
 - If the reason for obtaining insured status corresponds to two or more reasons.....either 1, 2, or 3
 - If a person aged 65 or older returns to the assignor, etc.....8
- 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).
- 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.
- 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).
- 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		

- For section 14, enter the number of the corresponding item.
- 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.
- 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.
- 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.
- 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.
- 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

- Please submit this report the 10th of the month following the month corresponding to the date of acquiring employment insurance qualification.
- 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.
- 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.