英語

WRITTEN VERIFICATION FROM THOSE ON PARENTAL LEAVE– SY2027

令和９年度 育児休業復帰者の希望確認書

園ＣＤ：

FURIGANA		Sex 性別	D.O.B. 生年月日	School age 学齢
Child's name 児童名		Male 男 Female 女	Reiwa 令和 Y 年 M 月 D 日	Y/O 歳児 ※Age as of April1, 2027
Desired situation 希望状況	☐ **①I wish to return to work immediately.** ☐ **②If I am unable to enroll my child in the desired childcare facility, I am willing to extend my parental leave.** ※Note: Selecting this option will result in the reduction of your adjustment index score.			
Would you like to receive the 'Admission Pending Notification'? 保留通知 発行の希望	☐ **YES 有** (☐ In (the month of) ____月 when the child turns 1 year old ☐ In (the month of) ____月 when the child turns 18 months ☐ In a different month other than the ones mentioned above, in (the month of) ____月) ※The 'Admission Pending Notification [HORYU TSUCHISHO]' will be issued in case there is no vacancy in the month you have entered above between April 2027 and March 2028. ☐ **NO 無**			
Month in which you would like to participate in the enrollment adjustment 再調整希望月	Those who chose the option ② 'IF I AM UNABLE TO ENROLL MY CHILD IN THE DESIRED CHILDCARE FACILITY, I AM WILLING TO EXTEND MY PARENTAL LEAVE': **I would like to participate in the enrollment adjustment from the month of _____ 月入園調整分, as I wish to immediately return to work from that month.** ※If you want your child to participate in the adaptation program, enter the month of the date you wish to start the adaptation period.			

保育課確認欄	個人コード									受付番号		受付者	