

WRITTEN VERIFICATION FROM THOSE ON PARENTAL LEAVE- SY2026

令和8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 学齡
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, 2026
Desired situation 希望状況	<input type="checkbox"/> ① I wish to return to work immediately. <input type="checkbox"/> ② If 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	<input type="checkbox"/> YES 有 (<input type="checkbox"/> In (the month of) ____月 when the child turns 1 year old <input type="checkbox"/> In (the month of) ____月 when the child turns 18 months <input type="checkbox"/> 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 2026 and March 2027. <input type="checkbox"/> 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