

Student Number																				Furigana	
																				Name	

## Record of (expected) salary payment

To whom it may concern:

Beneficiary's name

Signature

Address

Please certify the following information regarding my salary, as this is necessary to apply for an admission and/or tuition fee waiver from Kanazawa University.

The following must be completed by the employer, not the applicant:

Date of employment	Year 20 ____ Month ____ Day ____		
Type of employment	* Full-time staff · Part-time staff · Other (      )		
Total payments for the past three months (Anticipated) Value (before deductions, excluding bonuses. )	Month	Month	Month
	¥ (Commuting allowance) ¥	¥ (Commuting allowance) ¥	¥ (Commuting allowance) ¥
Bonus payments (anticipated)	* With bonuses (equivalent to ____ months' salary) · No bonuses offered		

(Note) For columns with a "\*", please circle the applicable answer.

I hereby certify the above to be correct:

Year                  Month                  Day

Address

Payroll manager    Office name

Signature

Name