[Form 5]

Certificate of Estimated TA・RA Salary Payment

|  |  |  |
| --- | --- | --- |
| Affiliation (Name of School, etc.) | Student ID No. (or Examinee No.) | Applicant's (Student's) Name |
|  |  |  |

○The following 1 to 5 should be filled out by the administrative staff of the department where you work.

|  |  |
| --- | --- |
| 1. Employee's Name |  |
| 2. Period of Employment | yyyy　/　mm　/　dd　－　yyyy　/　mm　/　dd |
| 3. Employment Type (check ☐) | ☐TA　☐RA　☐Other（　　　　　） |
| 4. Estimated Annual Payment・Enter the estimated payment from April 2025 to March 2026 as of April 1, 2025.・For monthly estimated payments, do not include commuting allowances and enter the amounts before deductions for income tax and insurance premiums, etc. |
| Payment Date | Estimated Payment  | Remarks | Payment Date | Estimated Payment  | Remarks |
| April 2025 |  | yen |  | October 2025 |  | yen |  |
| May 2025 |  | yen |  | November 2025 |  | yen |  |
| June 2025 |  | yen |  | December 2025 |  | yen |  |
| July 2025 |  | yen |  | January 2026 |  | yen |  |
| August 2025 |  | yen |  | February 2026 |  | yen |  |
| September 2025 |  | yen |  | March 2026 |  | yen |  |
|  |  | yen |  |  |  | yen |  |
|  |  | yen |  |  |  | yen |  |
| **Estimated Annual Payment　　　　　　　　　　　　　　yen** |

5. I hereby verify that the above information is true.

yyyy　/　mm　/　dd

Affiliation

Job Title

Full Name　　　　　　　　　　　　　　　　　 　　　　　 Seal

Extension Number