[Form 5]

Certificate of Estimated Salary Payment (HU Employees)

|  |  |  |
| --- | --- | --- |
| 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 October 2025 to September 2026 as of October 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 |
| October 2025 |  | yen |  | April 2026 |  | yen |  |
| November 2025 |  | yen |  | May 2026 |  | yen |  |
| December 2025 |  | yen |  | June 2026 |  | yen |  |
| January 2026 |  | yen |  | July 2026 |  | yen |  |
| February 2026 |  | yen |  | August 2026 |  | yen |  |
| March 2026 |  | yen |  | September 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