Form２

Support for Women Returning from Maternity and Parental Leave

\*Only submit this form if you are employed through external funding.

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| Consent Form for the application of Support for Women Returning from Maternity and Parental Leave | | |
| Name of applicant |  | |
| Department and Postal address |  | |
| Official job title  (Please circle one of the following |  | 1. Special Fixed-term Faculty |
|  | 2. Research Fellow (Fixed-term contract faculty) |
|  | 3. Research Fellow (Part-time faculty) |
|  | 4. Other ( ) |
| Working conditions \*１ | Days worked | ( ) days per week　[　Mon　・　Tue　・　Wed　・　Thu　・　Fri　]  　　　　　　　　　　　　　　　　　　　※Please circle days worked |
| Working hours | ：　　　　　　　～　　　　　　　： |
| Project name of which the applicant is a member |  | |
| Period of employment | / 　/ 　　 (YYYY/MM/DD)- /　 　 　 /　　 (YYYY/ MM/ DD) | |
| Name (external funds, and so on) of personnel expenses pertaining to the applicant |  | |
| Confirmation by project leader, and so on  (Signature or seal)＊2 |  | |

＊１・・・Please enter only if you are a part-time faculty with a fixed working schedule of less than 38 hours and 45 minutes per week.

＊２・・・Please confirm with your project leader, and so on whether application to this support is permissible.