**Application Form for the**

**“Support for the employment of technical/administrative assistants**

**over life events”**

**in the Latter Half of FY2020**

Date(y/m/d)：

To the Promotion office of Research environment for Diversity Manager

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| --- |
| **Applicant Name**： ㊞ |
| Affiliation： | Position： |
| Contact information | Extension： |
| E-mail： |

**Confirmation mark by the head of your laboratory**

Affiliation：

Position：

Name：　　　　　　　　　　　　　　　　㊞

※If the target person is an assistant professor, lecturer, or associate professor (including specially appointed professors) who is not the representative of the laboratory, the confirmation mark of the head of the laboratory to which they belong is required.

＊Hearing may be required regarding the status of support and the content of work for assistants. Also, please note that not all applicants may be able to provide support as desired.

**１．Desired support and situation details**

Fill in the required information.

## ・(A) Support for maternity and parental leaves

a. Take maternity leave（Expected date of birth：Date(y/m/d)： ）

b. Take childcare leave（Scheduled period： ～ 　　 ）

c. Women who have not passed one year after giving birth (Extended support frame) (Date of birth: )

## ・(B) Support during parenting

a. Please list the date of birth of all children under the first grade of elementary school. No name is required.

・The date of birth of first child:

b. Living with spouse / partner　　　Yes / No

## ・(C) Support during parenting (Extended Support)

a. Please list the date of birth of all children under 3rd grade. No name is required.

・The date of birth of first child:

b. Living with spouse / partner　　　Yes / No

※If you are applying for the condition of "a man who is working full-time in a child who is under the third grade of elementary school and whose partner works full-time, and there is no other person who takes care of the child in the household except the partner" Please attach a certificate of employment.

**(A), (B), (C). Describe the details of your situation and why you need support**

## ・(D) Support during nursing care

・If you mainly care for family members who need long-term care, please indicate the degree of nursing care required, whether you are at home or in a facility, etc.

・ If you mainly support a family member who is ill, please describe the situation etc.

**２．Desired amount of support**

　　　　　　　￥

**3．Employment plan for assistant personnel**

**3－１．Work contents of assistant personnel**

Please fill in the details of the work, the position of the target person in the research activity, etc.

Example) Experimental assistance (the required skills are also described) Experimental preparation, Animal management, Animal experiment assistance, Data input / organization Data analysis / analysis assistance, Information search and collection

**3－２．When providing administrative assistance to surrounding academics**

Please describe the duties’ details, such as the number of people and the range of surrounding academics affected by the shortened working hours of the target person due to life events such as childbirth and parenting.

**3－３．Assumed working hours**

Please fill in your planned employment schedule, such as every Monday from 〇 to 〇.

**3－４．Financial resources for hiring assistants other than this assistance project**

　Yes / No

Expected financial name if available:：

**3－５．Employment type of assistant**※Please circle the applicable option.

　・Administrative assistant　・Technical assistant　・Other（　　　　　　）