

Confirmation of Consent/Non-Consent to Application of Discretionary Labor System for Professional Work

Date:

To Dean/Director/Department Head

(Name (handwritten))

I have read and understand the contents of the materials regarding the Discretionary Labor System for Professional Work (**Discretionary Labor System for Professional Work; Q&As on the Discretionary Labor System for Professional Work; Difference in Working Hours and Other Conditions Between Employees Working Under the Discretionary Labor System for Professional Work and Regular Work Time Employees** (April 2024 and thereafter); **Working Hours of Employees to Whom the Discretionary Labor System for Professional Work is Applied** (April 2024 and thereafter)), and I give my consent/non-consent to my working under the Discretionary Labor System for Professional Work as follows.

1. I CONSENT to work under the Discretionary Labor System.
Applicable period: April 1, 2024 to March 31, 2027
2. I DO NOT CONSENT to work under the Discretionary Labor System.

Note: Enter the date, and your name (handwritten), circle the applicable number (1 or 2) above , and submit this form to a person responsible for personnel affairs in your department/division.