**勤務先変更（就職）届**

**NOTIFICATION OF CHANGE OF JOB (FULL-TIME)**

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| --- | --- | --- | --- | --- | --- |
|  | 年  Year |  | 月  Month |  | 日  Day |

松本歯科大学長殿

To the President of Matsumoto Dental University,

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| --- | --- | --- | --- | --- |
| 大学院歯学独立研究科  Graduate School of Oral Medicine | | | | |
| 学籍番号  Student ID No. | ID♯G |  | 番 | |
| ふりがな |  | | | ㊞  Signature |
| 氏名  Name in Full |  | | |

私は、下記とおり勤務先を変更（就職）しましたので、お届けいたします。

I hereby report a change of my job (full-time) noted below.

記

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| 新勤務先名称  Name of the new  place of employment |  | | | | | | | | |
| 勤務先住所  Business Address | 〒 | － | | | | | | | |
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| TEL | | （　　　　　　） | | | | | | |
| 変更日  Date of Change |  | | | 年  Year |  | 月  Month |  | 日  Day |  |

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|  |  |  |  |  | 研究科長 | 所属長 | 受　付 |
|  |  |  |  |  |  |  |  |

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| 学生ﾃﾞｰﾀﾍﾞｰｽ入力日 | 入力者 | 確認 |
| 年　　　月　　　日 |  |  |