



Prepared by the Personnel Management Office.  
This is a new Administrative Procedure.

July 1982

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## SEPARATION FROM SERVICE

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Page 1

### A9.800 UNEMPLOYMENT INSURANCE LAW

1. Purpose. To promulgate reporting requirements as prescribed by Section 383-94 HRS, Records and Reports.
2. Objective. To prescribe procedures for reporting new hires and terminations of employment to the Department of Labor and Industrial Relations within five (5) working days of the date of action.
3. Applicability/Responsibility. This instruction covers all personnel who are appointed as compensated employees or terminated from employment for any reason. This includes all faculty, lecturers, APT and casual personnel. For civil service employees this form will be required for Employment Status Report, Form UC-BP-5 (see Attachment 1). For the purpose of this regulation, termination means the ending of temporary employment, resignation, dismissal, non-renewal of appointment, etc.
4. Procedures.
  - a. New hires or rehires. The identification, Part I and the signature sections of the form must be completed and the original (white) copy forwarded to the University Personnel Office with the SF-5B or UH Form 6 (PERS). The UC-BP-5 Form will not be required for civil service appointments. The University Personnel Office will send the form to the State Department of Labor and Industrial Relations. The second (or yellow) copy is to be retained by the hiring unit. In the term "Employer's Unemployment Insurance Account No." of the Identification section, insert the Transaction (TR), Fund (F), Year (YR), Appropriation (APPRN), and Department (D) symbols of the account code from which the employee is paid.
  - b. Terminations and changes in accounts to be charged.
    - 1) For regular payroll personnel the identification section, items 1, 3 and 4 of Part II and the signature section must be completed and both copies (white and yellow) forwarded with the

termination SF-5B, UH Form 25, memo of termination or change in account to be charged. The Payroll Office will complete items 2 of Part II and send the original copy to the State Department of Labor and Industrial Relations and will retain the yellow copy.

- 2) For casual payroll personnel all of the items in Part II must be completed by the employing department. Both copies (white and yellow) must be sent to the Payroll Office which will retain the yellow copy and forward the white to the State Department of Labor and Industrial Relations.

Note: It is permissible to complete the entire form at the time of hire in the case of casuals when the starting and ending dates and the wages to be paid are known. Both copies must be forwarded with the UH Form 6.

- c. Overloads. Do not initiate an Employment Status Report form for overloads.
  - d. Cooperating Teachers. Do not initiate an Employment Status Report form for the appointment or termination of Cooperating Teachers who are Department of Education employees.
5. Alternate Forms. If a program head expects to hire or terminate five (5) or more employees at the same time, the Form UC-BP-5 (a) for new hires, and Form UC-BP-5 (b) may be used but only when the separations are due to lack of work and were paid from the same account codes (see Attachment 2 and 3). See Attachment 4 for instructions of Form UC-BP-5.
  6. The new forms prescribed in this instruction replace the Wage and Separation Report Form UC-BP-4.
  7. Failure to comply with the requirements for reporting new hires and terminations will result in the assessment of a ten dollar (\$10) penalty as provided in Section 383-94 HRS.
  8. Supply of Forms. Forms may be obtained from the University Personnel Office or from an Unemployment Insurance Division Office. Addresses and phone numbers are indicated on the forms attached.

STATE OF HAWAII  
Department of Labor and Industrial Relations  
Unemployment Insurance Division

ORIGINAL  
Attachment 1  
A9.800  
P 3 of 6

TYPE OR PRINT  
ALL INFORMATION

EMPLOYMENT STATUS REPORT

IDENTIFICATION

Employee's Name .....  
Last First Middle Initial  
Social Security Account Number ..... Type of Work ..... Place of Employment .....  
Employer's Unemployment Insurance Account No. .... Employer's Name .....  
and Address .....

PART I REPORT OF NEW HIRE

1. Date Started ...../...../..... 2. Full Time ☐ Part Time ☐ Hours Per Week .....  
Month Day Year Hours

PART II REPORT OF EMPLOYMENT SEPARATION AND WAGES

1. Date Started ...../...../..... Last Day Worked ...../...../..... Date of Separation ...../...../.....  
Month Day Year Month Day Year Month Day Year  
2. In the spaces provided below, enter the following information for the current calendar quarter and the four prior calendar quarters:

- a. The ending dates of the appropriate calendar quarters. (See instructions)  
b. Gross wages and other remuneration paid to individual for services covered by Hawaii Employment Security Law during each calendar quarter.  
c. The number of weeks in which the individual worked for you at least two days or four hours, or was on paid holiday, vacation, or sick leave or other paid time off during each calendar quarter.

	a. Quarter Ending Date	b. Wages	c. Weeks Worked
CURRENT QUARTER (calendar quarter including last day worked)	...../...../.....	\$.....	.....
FIRST PRIOR QUARTER	...../...../.....	\$.....	.....
SECOND PRIOR QUARTER	...../...../.....	\$.....	.....
THIRD PRIOR QUARTER	...../...../.....	\$.....	.....
FOURTH PRIOR QUARTER	...../...../..... Month Day Year	\$.....	.....

3. Reason for Separation:

- a. ☐ No work b. ☐ Quit (Explain below.) c. ☐ Strike, lockout, or other labor dispute  
d. ☐ Discharged or suspended for misconduct connected with work (Explain below.) e. ☐ Retired voluntarily  
f. ☐ Mandatory retirement g. ☐ Still on payroll h. ☐ Other (Explain below.)

Explanation (please type or print) .....

4. Indicate below whether or not you wish to offer further information as to the reason for separation, should the individual file a claim for unemployment insurance benefits.

- a. ☐ No. I am satisfied with the information in Item 3 above.  
b. ☐ Yes. I would like to appear in person at a pre-determination interview. Advise me of the time and place.  
c. ☐ Yes. I would like to submit a written statement to be considered in determining the individual's eligibility for benefits.  
Notify me if the individual files a claim for benefits.

I certify that the above information is true to the best of my knowledge and belief.

Signed for the  
employer by .....

Print Name and Sign

Title

Date

Telephone

OFFICE USE ONLY

CHARGE CODE .....

ISSUE .....

RETURN THIS FORM WITHIN FIVE WORKING DAYS OF DATE OF HIRE OR SEPARATION. LAW PROVIDES FOR PENALTY FOR NON-COMPLIANCE

Send original only to: UNEMPLOYMENT INSURANCE DIVISION  
P. O. BOX 1200  
HONOLULU, HAWAII 96807

FOLD FORM ONCE AND STAPLE TO FORM ENVELOPE FOR MAILING



DEPARTMENT OF LABOR AND UNEMPLOYMENT INSURANCE DIVISION  
**LIST FORM OF REPORTS OF EMPLOYMENT SEPARATION AND WAGES**

**TYPE OR PRINT ALL INFORMATION**[illegible]

nd for the  
played by \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

Worker's Unemployment  
Insurance Approval No. \_\_\_\_\_

Employee's Name  
and Address \_\_\_\_\_

**Send to nearest Unemployment Insurance Division Office.**

<b>OAHU</b>	<b>HAWAII</b>	<b>MAUI</b>	<b>KAUAI</b>
P. O. Box 700	P. O. Box 652	44 So. High St.	P. O. Box 911
Honolulu, Hawaii 96809	Hilo, Hawaii 96720	Wagula, Maui 96793	Lihue, Kauai 96766
Phone: 548-3804	Phone: 961-7461	Phone: 244-4377	Phone: 245-4486

A9.80  
P 5 OF  
ATTACHMENT

STATE OF HAWAII  
Department of Labor and Industrial Relations  
Unemployment Insurance Division

EMPLOYMENT STATUS REPORT — INSTRUCTIONS

Hawaii Employment Security Law requires you to furnish information for each employee hired on or after July 15, 1976, within five working days from the date of hire. Report the hiring of an individual by filling out the IDENTIFICATION section and PART I of Form UC-BP-5, signing the form, and mailing it.

The Law also requires you to furnish information for each employee separated from employment on or after July 15, 1976, within five working days from the last day of employment. Report an individual's separation from employment by filling out the IDENTIFICATION section and PART II of Form UC-BP-5, signing the form, and mailing it. Employment separations include terminations of employment by layoff, quit, discharge, retirement, or other separations. Transfers within an establishment are not considered separations unless worker refuses such a transfer.

The Law further requires you to furnish information on new hires or separations upon written request from the Department of Labor and Industrial Relations. Information must be submitted within five working days from the date of mailing of the Department's request.

You may be charged a \$10 penalty for failure to comply with the above requirements unless good cause is shown. Should an individual file a claim for unemployment insurance benefits, the claimant's entitlement will be determined based on available information. Any benefits overpaid as a result of your late reporting will be charged to your reserve account.

INFORMATION FOR COMPLETION OF FORM UC-BP-5

IDENTIFICATION SECTION — to be filled out on all reports.

Enter the employee's name, social security account number, and type of work.

For place of employment, enter the name of the county if in Hawaii; otherwise enter the name of the state or county.

Enter the employer's unemployment insurance account number (the 5-digit account number shown on the EMPLOYER'S CONTRIBUTION REPORT or the STATEMENT OF BENEFIT CHARGES), name, and address.

PART I REPORT OF NEW HIRE — to be filled out for each new hire.

- Item 1. Enter the date the employee started work.
- Item 2. Check the appropriate block to indicate whether employee works full time or part time, and enter the number of hours the employee will usually work per week.

PART II REPORT OF EMPLOYMENT SEPARATION AND WAGES — to be filled out for each separation.

- Item 1. Enter the employee's first day of work, last day of work, and the date of separation. Note: The last day of work and the date of separation may be the same.
- Item 2. A calendar quarter is the 3-month period January-March, April-June, July-September, or October-December.  
The current calendar quarter for this form is the quarter which includes the individual's last day of work. The four prior quarters are the four calendar quarters immediately preceding the current quarter. Example: If an employee's last day of work is July 23, 1976, the current calendar quarter is July-September 1976, the first prior quarter is April-June 1976, the second prior quarter is January-March 1976, the third prior quarter is October-December 1975, and the fourth prior quarter is July-September 1975.
- Item 2a. Calendar quarter ending dates are March 31, June 30, September 30, and December 31.
- Item 2b. Report GROSS AMOUNT OF ALL WAGES AND OTHER REMUNERATION PAID to the individual for employment covered by the Hawaii Employment Security Law for the period the individual worked for you. For information on coverage, contact the nearest Unemployment Insurance Division office. "Other remuneration" means the value of non-cash remuneration, such as the value of meals, lodging, etc., furnished to a worker. Minimum values for these have been established under the Rules and Regulations for the Hawaii Employment Security Law. Employers should request a copy of the rules and comply with them fully.

NOTICE TO DOMESTIC EMPLOYERS: Effective January 1, 1978 coverage of domestic services is extended to include employers with a total cash payroll of \$1,000 or more in any quarter in the current or preceding calendar year. This is in addition to the existing provisions for coverage of individuals who earn \$225 or more in cash wages during a single quarter.

Please enter in the wages column the gross cash wages paid to the employee for each calendar quarter. Enter in the space next to the wages column any other remuneration paid the employee for services covered under the law, such as the fair value of room board, etc., for use in determining benefits.

- Item 2c. Record the number of weeks of employment for the individual during each calendar quarter.
- Item 3. The following definitions apply to reasons for separation in this item:  
NO WORK means any layoff without pay, initiated by the employer without prejudice to the worker for such reasons as lack of order, termination of seasonal or temporary employment, introduction of labor saving devices, plant breakdown, shortage of materials, weather conditions, or temporary furlough of employees or employees placed on unpaid vacations.

QUIT means the claimant left work of his own accord to accept other work, to get married, because of domestic or marital responsibilities due to pregnancy, or to leave the area. A claimant is considered to have quit work when he refuses to accept a transfer to another position or establishment with the same employer, or he has been absent from work without authorization for a period of more than seven consecutive calendar days.

DISCHARGED OR SUSPENDED FOR MISCONDUCT CONNECTED WITH WORK means the worker was discharged or suspended because his conduct on the job showed a willful and wanton disregard of the employer's interest. For example: The worker deliberately violated an established rule, he disregarded the standards of behavior an employer has the right to expect of his employee, or his carelessness or negligence showed wrongful intent or evil design or an intention or substantial disregard of the employer's interest.

OTHER means any termination initiated by the employer other than a strike or retirement, and which does not fall into one of the foregoing categories. For example: termination of work because of compulsory military service lasting or expected to last 30 or more days or because the worker became permanently disabled, has failed to pass probationary period or to meet the physical standards required or because of the worker's mere inefficiency, unsatisfactory work conduct, failure of good performance as a result of inability or incapacity, inadvertencies or ordinary negligence in isolated instances or because of good faith errors in judgment.

- Item 4. The information you have furnished will be used to determine the individual's entitlement to benefits. Should the individual file a claim for unemployment insurance benefits. If you are satisfied with the information you have furnished on this form, check the block in Item 4a.

If you feel that there is an issue on the individual's entitlement to benefits and you wish to appear in person at a pre-determination interview with the claims examiner to present further information, should the individual file a claim for benefits, check the block in Item 4b. If you do not wish to attend such a hearing but would prefer to furnish a written statement, check the block in Item 4c.

CERTIFICATION

Have your authorized representative sign the form in the space provided, enter his or her title and date when information was completed, and include telephone number where he or she may be reached if additional information is required.

To order additional forms, contact the nearest Unemployment Insurance Division office.

OAHU	HAWAII	MAUI	KAUAI
P.O. Box 1200	P.O. Box 652	P.O. Box E	P.O. Box 911
Honolulu, Hawaii 96807	Hilo, Hawaii 96720	Wailuku, Maui 96793	Lihue, Kauai 96741
Phone: 548-6982	Phone: 961-7461	Phone: 244-4377	Phone: 245-4485