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.


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.


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  

EMPLOYMENT STATUS REPORT  

IDENTIFICATION  
Employee’s Name

Social Security Account Number

Employer’s Unemployment Insurance Account No.

Type of Work

Place of Employment

Employer’s Name

and Address


PART I  REPORT OF NEW HIRE  

1. Date Started

2. Full Time □  Part Time □  Hours Per Week


PART II  REPORT OF EMPLOYMENT SEPARATION AND WAGES  

1. Date Started

Last Day Worked

Date of Separation

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

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
<table>
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<th>Employee's Name</th>
<th>Social Security Number</th>
<th>Date Started (Mo/Day/Year)</th>
<th>Monthly Salary</th>
<th>Hourly Rate</th>
<th>Hours Per Week</th>
<th>Total Wks</th>
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By the above information is true and correct to the best of my knowledge and belief.

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

(Your Name)
(Your Signature)
(Your Title)
(Your Date)

RETURN THIS FORM WITHIN 5 DAYS OF THE EARLIEST DATE STARTED.

LAW PROVIDES FOR PENALTY FOR NON-COMPLIANCE.

Send to nearest Unemployment Insurance Division office:

- **HAWAII**
  - P.O. Box 919
  - 551 South High Street
  - Honolulu, Hawaii 96809
  - Home: 808-123-4567
  - Phone: 808-123-4567

- **OAHU**
  - P.O. Box 919
  - 551 South High Street
  - Honolulu, Hawaii 96809
  - Home: 808-123-4567
  - Phone: 808-123-4567

- **KAHULI**
  - P.O. Box 919
  - 551 South High Street
  - Honolulu, Hawaii 96809
  - Home: 808-123-4567
  - Phone: 808-123-4567

- **MAUI**
  - P.O. Box 919
  - 551 South High Street
  - Honolulu, Hawaii 96809
  - Home: 808-123-4567
  - Phone: 808-123-4567

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### List of Reports of Employment Separation and Wages

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<th>Period</th>
<th>Form Number</th>
<th>Title</th>
<th>Date</th>
<th>Employee Name</th>
<th>Social Security Number</th>
<th>Employees</th>
<th>If Separated</th>
<th>Week No.</th>
<th>First Day of Week</th>
<th>Last Day of Week</th>
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**Employee's Signature:**

**Title:**

**Employee's Phone:**

**Employee's Address:**

**Return This Form Within 5 Working Days of the Employee's Record Date Separated. Law Provides for Penalty for Non-Compliance.**

Send to nearest Unemployment Insurance Division Office.

**Department:**

**Address:**

**Phone:**

**Fax:**

**Email:**

**Website:**

**Note:**

- Sign this form and return it to the nearest Unemployment Insurance Division Office.
- A copy of this form should be kept by the employer for future reference.
EMPILOYMENT STATUS REPORT — INSTRUCTIONS

Hawaii Employment Security Law requires you to furnish information for each employee hired on or after July 15, 1978, 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, 1978, 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 receives 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 or 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 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, 1978, 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 w a total cash payroll of $1,000 or more in any quarter in the cur or preceding calendar year. This is in addition to the existing p vision for coverage of individuals who earn $225 or more in ci wages during a single quarter.

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

Record the number of weeks of employment for the individual dur each calendar quarter.

The following definitions apply to reasons for separation in this ite NO WORK means any layoff without pay, initiated by the employer without prejudice to the worker for such reasons as lack of or, termination of seasonal or temporary employment, introduction labor saving devices, plant breakdown, shortage of materials, wealth conditions, or temporary furlough of employees or employees plac on unpaid vacations.

QUIT means the claimant left work of his own accord to accept oth work, to get married, because of domestic or marital responsibility due to pregnancy, or to leave the area. A claimant is considered , have quit work if 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 th seven consecutive calendar days.

DISCHARGED OR SUSPENDED FOR MISCONDUCT CONNECTED WI work means the worker was discharged or suspended because I conduct on the job showed a willful and wanton disregard of t employer’s interest. For example: The worker deliberately violated established rules, he disregarded the standards of behavior an employer has the right to expect of his employees, or his carelessness 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 othe than a strike or retirement, and which does not fall into one of the fo given categories. For example: termination of work because of r pulsed military service lasting or expected to last 30 or more day or because the worker became permanently disabled, has failed pass probationary period or to meet the physical standards require or because of the worker’s mere inefficiency, unsatisfactory wo conduct, failure of good performance as a result of inability or i capacity, disobedience, insubordination, or any other negligence in isolated instance or because of good faith errors in judgment.

The information you have furnished will be used to determine t individual’s entitlement to benefits. Should the individual file a claim for unemployment insurance benefits, if you are satisfied with ti information you have furnished on this form, check the block in ite 4a.

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

CERTIFICATION

Have your authorized representative sign the form in the space provided, enter his or her name 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
P.O. Box 1200
Honolulu, Hawaii 96807
Phone: 548-6992

HAWAII
P.O. Box 652
Hilo, Hawaii 96720
Phone: 961-7461

MAUI
P.O. Box 911
Lihue, Kauai 96761
Phone: 244-4485

KAILI
P.O. Box 9671
Kauai 96761
Phone: 961-7461

HANAI
P.O. Box 852
Hilo, Hawaii 96720
Phone: 961-7461

KILAUEA
P.O. Box 911
Lihue, Kauai 96761
Phone: 244-4485