

INSTRUCTIONS FOR PARTIAL AND PART-TOTAL CLAIMANT'S
FILING THROUGH THE WEB

PARTIAL AND PART-TOTAL CLAIMANTS MUST HAVE THEIR EMPLOYER(S) FILE "WEEKLY REPORT OF LOW EARNINGS" ONLINE FOR EACH WEEK CLAIMED.

Weekly Report of Low Earnings: In addition to filing your weekly or biweekly claim certification, your employer must file "Weekly Report of Low Earnings" to verify your earnings, availability for work and continued employment for each week that you claim.

Form UC-BP-52(a), "Weekly Report of Low Earnings" (shown below) was previously used to report earnings and eligibility information and process payment. Effective February 26, 2014, the UI Division launched the "Employer Low Earnings Reporting and Monitoring" system for employers to report the weekly earnings and eligibility information online. As such, form UC-BP-52(a) will no longer be provided after you file an initial or additional claim application for benefits.

Please advise your employer go online to: uiclaims.hawaii.gov to register and file your weekly report of low earnings online. The system is available Monday through Friday from 6:30 a.m. to 5:30 p.m. and on weekends and holidays from 9:00 a.m. to 5:30 p.m. Filing online is faster as it updates your benefit records as soon as the information is submitted by the employer.

If you or your employer has questions regarding online filing, please call your local claims office during business hours. For a listing of the various local claims offices and hours of operations, visit our website at: labor.hawaii.gov/ui/contact/

UC-BP-52(a) WEEKLY REPORT OF LOW EARNINGS

I, Your name am claiming benefits for the week beginning:

MO	DAY	YR
----	-----	----

 to

MO	DAY	YR
----	-----	----

 (Sunday) (Saturday)

Claimant name (Last, First Middle)
TO EMPLOYER (See reverse of this form for instructions.)

Before you submit this to your employer, please WRITE in the SUNDAY to SATURDAY dates for the same week you are filing for.

1. In the 7 day period indicated above:
a. Rate of pay _____ Total Hours Worked _____ Gross wages earned, _____
b. Did the individual accept all work offered? Yes No If no, date did not accept all work _____
Reason all work was not accepted _____

2. What was the last day worked prior to the week for which benefits are by

MO	DAY	YR
----	-----	----

Reason for nonwork: NO WORK QUIT Explain _____

Sample Only – File information online

3. Was the individual TERMINATED? If so, what was the LAST DAY OF WORK?

MO	DAY	YR
----	-----	----

Reason for separation ? NO WORK QUIT DISCHARGE OTHER Explain _____

I CERTIFY THAT THE INFORMATION IS CORRECT

Employer/Representative Telephone No. Title Date