UC-226 (Rev. 11/15)

State of Hawaii Department of Labor and Industrial Relations
UNEMPLOYMENT INSURANCE DIVISION

VERIFICATION OF REGISTRATION WITH A REFERRING UNION

Claimant's Name: *(print Last name, First name, MI)*	Island:
SSAN: **To speed processing please enter the last four digits of your SSAN** XXX-XX-	For Agency use only. Date Advised to Register:

You reported that you will obtain work through your union. **Please have an authorized union official submit the completed form via fax or email to your local claims office within 7 calendar days** after filing your initial or additional claim for benefits.

INSTRUCTIONS TO CLAIMANT: Complete the data above by filling in your name, the last four digits of your social security number, and your local unemployment office.

IMPORTANT: During the period you are filing claim certifications, you must remain an active member in good standing with your union and eligible for referrals through your union job placement service. Failure to comply as required may result in a denial of benefits.

REGISTRATION WITH UNION: (This must be completed by an authorized union official.)

I certify that the above named claimant is an active member and is in good standing with the union (professional association) named below. This claimant is seeking work through our union, is eligible for union work referrals, has no restrictions on availability for union work during the customary hours, and has not refused any work. I agree to immediately report to the Department when the claimant is not in good standing, refuses an offer or referral of work, or is not ready, willing and available to work.

Union Name: _____ Local: _____

Date Registered for Work: _____ Phone: _____

Comments: If not in good standing, refused a referral or offer of union work, or not ready, willing and able to work, please explain here. _____

_____

_____

Signature of Union Validating Official: _____ Date: _____

See reverse side for local claims office contact information.

UNEMPLOYMENT INSURANCE DIVISION
Local Claims Office Information

Oahu

Honolulu Claims Office
Waipahu Claims Office
Kaneohe Claim Office
Liable Interstate Unit
Fax (808)586-8980
Email: dlir.ui.honolulu@hawaii.gov

Hawaii

Hilo Claims Office
Fax: (808) 974-4085
Email: dlir.ui.hilo@hawaii.gov

Kona Claims Office
Fax: (808) 322-4828
Email: dlir.ui.kona@hawaii.gov

Maui

Maui Claims Office
Fax: (808) 984-8444
Email: dlir.ui.maui@hawaii.gov

Molokai Claims Office
Fax: (808) 553-1753
Email: dlir.ui.maui@hawaii.gov

Kauai

Kauai Claims Office
Fax (808)274-3046
Email: dlir.ui.kauai@hawaii.gov