

**APPLICATION FOR DETERMINATION OF ELIGIBILITY FOR
UNEMPLOYMENT INSURANCE BENEFITS DURING A PERIOD OF TRAINING**

§383-29(e), Hawaii Revised Statutes, provides that “a claimant shall not be denied benefits because of the claimant’s regular attendance at a vocational training or retraining course which the Director (of Labor and Industrial Relations) has approved and continues from time to time to approve for the claimant. The Director may approve such course for a claimant only if:

- (1) The training activity is authorized under Titles I, II, III, and IV (except on-the-job training) of the Job Partnership Training Act (PL 97-300); or
- (2) All the following conditions apply:
 - (A) Reasonable employment opportunities for which the claimant is fitted by training and experience do not exist in the locality or are severely curtailed;
 - (B) The training course relates to an occupation or skill for which there are, or are expected to be in the immediate future, reasonable employment opportunities in the locality;
 - (C) The training course is offered by a competent and reliable agency; and
 - (D) The claimant has the required qualifications and aptitudes to complete the course successfully.”

§12-5-43(e) states “benefits shall be payable for any period in which the trainee demonstrates satisfactory progress and attendance in an approved vocational training or retraining course as determined by the training facility.”

PART A. TO BE COMPLETED BY THE CLAIMANT.

Instructions to the Claimant: To determine whether you can attend job training and collect unemployment benefits during the same period, you must complete the certification portion of this form and give the form to the agency that referred you to the training; for example, the Workforce Development Division (WDD), Alu Like, Work Hawaii, etc. The agency must complete Part B and send this form back to your local WDD office. A determination will be made by the UI office to determine if your training meets the criteria for approved training as provided in section 383-29(e) above.

You must continue to file your weekly or bi-weekly claim certifications.

If your training is approved, you do not have to apply for work, or accept work that would require you to end your training prematurely, or seek work during short-term school breaks or vacation periods such as Easter, Thanksgiving, or Christmas. However, you are required to seek work during summer vacation.

If your training is not approved, you must be available for work while in training. You must make an active search for work each week and place no undue restrictions on the conditions of your re-employment.

***Certification:* By signing below, I am requesting a determination of eligibility for unemployment insurance benefits during a period of training. I understand that if my training is approved, my unemployment benefits will be denied for any period in which the training facility reports that I have not demonstrated satisfactory progress and attendance.**

Applicant Name: _____

SS#: _____

Signature: _____

Date: _____

**PART B. TO BE COMPLETED BY THE REFERRING AGENCY OR TRAINING FACILITY
RETURN THIS FORM TO YOUR NEAREST WDD LOCAL OFFICE.**

Instructions to Referring Agency and/or Training Facility: Under the Workforce Innovation and Opportunity Act (WIOA) of 2014, training which was previously approved under the Workforce Investment Act (WIA) of 1998 will continue to be treated the same for UI purposes. To determine whether the training provided to the applicant can be approved, please complete Part B and submit this form to your WDD local office. Please retain a copy for your files and, if applicable, provide a copy to the training facility. In compliance with §12-5-43(e), the training facility shall be responsible for notifying the trainee’s local UI office about any period in which the trainee demonstrates unsatisfactory progress and attendance which may affect the trainee’s eligibility for unemployment benefits. Use Form UCBP-T2 for this purpose.

| Name of Training Facility: | | | | | | | |
|-----------------------------------|-----------------|--|-----|----------------|-----|-----|-----|
| Address: | | | | | | | |
| Phone: | | | | E-mail: | | | |
| Training Course(s) | Dates of Course | Weekly Course Schedule | | | | | |
| | | (fill in begin/end time of each course under appropriate days) | | | | | |
| | | Mon | Tue | Wed | Thu | Fri | Sat |
| | From: | | | | | | |
| | To: | | | | | | |
| | From: | | | | | | |
| | To: | | | | | | |
| | From: | | | | | | |
| | To: | | | | | | |

Authorized representative name and title: _____

Authorized representative signature: _____ Date: _____

PART C. TO BE COMPLETED BY WDD STAFF.

Based on §383-29(e), do all of the conditions apply to the applicant named above? Yes No

If no, explain: _____

Authorized representative name: _____ Local Office: _____

Authorized representative signature: _____ Date: _____

Address: _____ Phone: _____

PART D. TO BE COMPLETED BY THE UNEMPLOYMENT INSURANCE OFFICE.

Training course approved Training course not approved, reason: _____

UI representative: _____ Date: _____