

State of Hawaii
Department of Labor & Industrial Relations
Unemployment Insurance Division

Instructions for Completing Form ETA 83, Weekly Request for Assistance

To request payment of Disaster Unemployment Assistance (DUA) benefits, you must complete Form ETA 83, Weekly Request for Assistance. Contact your local claims office if you need additional forms or have any questions about your claim.

To prevent payment from being delayed or denied, please read the following instructions carefully before completing your form.

WEEK CLAIMING FOR. Enter the dates for a seven-day calendar week beginning on Sunday and ending on Saturday. You will be claiming benefits for the week that has just ended.

APPLICANT'S NAME. Print your full name.

SOCIAL SECURITY NUMBER. Enter your full social security number.

ADDRESS. Enter your complete mailing address.

NEW ADDRESS. Check this box if your address has changed since you last filed a claim or applied for benefits.

STREET ADDRESS. Enter your street address if different from your mailing address.

TELEPHONE NUMBER. Enter your telephone number.
ALTERNATE NUMBER. Enter your cellular number or any other number you can be contacted at.

A. APPLICANT REQUEST. Answer "Yes" or "No" to each of the questions. Failure to answer each question will delay the processing of your claim.

Item #1a If you answered "Yes", enter the total hours you worked daily.

Item #1b Enter the gross earnings for the week.

If you are working for someone, report in #7 on the reverse side under 'Claimant's Comments and Explanations', your employer, when you started, whether you are working part-time or full-time, and if you are still working. Report any gross earnings for work performed during the week, even if you have not been paid yet.

If you are self-employed, enter your gross income received during the week, whether or not you worked.

Item #1c Self-employed individuals must complete this section.

Items #2a – f If you answered "Yes", enter the amount of each payment and the period covered in the space provided.

Items #3 – 4 If you answered "No", explain in item #7 on the reverse side under 'Claimant's Comments and Explanations'.

Item #5 If you answered "YES", explain in item #7 on the reverse side under 'Claimant's Comments and Explanations'.

Item #6 If you answered "YES", explain the results of the call-in item #7 on the reverse side under 'Claimant's Comments and Explanations'. If you answered "NO", explain in item #7 why you did not call.

Item #7 Enter your explanation for items #3, 4, 5, and 6. Also, request additional weekly forms in this space.

B. APPLICANT CERTIFICATION. Read the certification. Sign your name and enter the date you are completing the form.

C. STATE AGENCY DETERMINATION. Leave blank. This section will be completed by the local office if your DUA benefits are reduced, denied, or terminated.

DEADLINE FOR FILING A CLAIM

Your claim must be postmarked or received by the office within seven (7) days from the WEEK CLAIMED ENDING date. For example, if you were filing a claim for the week ending August 19, 2023, your claim must be postmarked or received no later than August 26. However, the claim may still be accepted after 7 days from the above week ending date (August 19) if you can show good cause for late filing.

BREAK IN FILING

If you fail to file for 2 or more consecutive weeks because of employment or other reasons, report in person to the nearest unemployment insurance office

or call your local office to reactivate your claim before your mail or turn in any more "Weekly Request for Assistance" forms.

LEAVING THE ISLAND OR STATE

If you move to another island or out-of-State, report to the nearest unemployment office on that island or State to file your weekly DUA claims.

FILING DURING THE APPEAL PROCESS

If you disagree with this decision, you may either request a Reconsideration or file an Appeal. Your appeal or request for reconsideration must be in writing and filed in person or by mail. If you request a Reconsideration, you must submit the request within ten (10) calendar days after the date this notice was mailed. If you file an appeal, the appeal must be submitted within sixty (60) calendar days from the date this notice was mailed or issued. You can report in person or mail your request for Reconsideration or Appeal with a copy of this decision to one of these offices:

MAUI CLAIMS OFFICE
54 SOUTH HIGH ST., RM 201
WAILUKU, HI 96793-2198

EMPLOYMENT SECURITY APPEALS REFEREES'
OFFICE (ESARO)
830 PUNCHBOWL ST., ROOM 429
HONOLULU, HI 96813

If you request reconsideration, appeal, reopening with the Appeals Office, or appeal to the courts, you should continue to file your "Weekly Request for Assistance" forms on a timely basis pending the outcome of your appeal, if you are still unemployed. If a decision is made in your favor but you failed to file or filed untimely claims, you may be denied benefits for untimely filing of claims even if you win your appeal or case.

TURNING IN YOUR CLAIMS. If you prefer to personally deliver rather than mail your claims, you may drop them off in the "DROP BOX" provided by the office without enclosing them in an envelope. Otherwise, if you mail your claim forms, you must enclose them in an envelope with the correct amount of first-class postage. No mail will be accepted without sufficient postage.

MAIL CLAIMS TO:

MAUI CLAIMS OFFICE 54 SOUTH HIGH ST., RM 201 WAILUKU, HI 96793-2198

ENGLISH: Important! This document has important information about your unemployment compensation rights, responsibilities, and/or benefits. It is essential that you understand the information in this document. **If you need help (free of charge) in understanding this document in your language,** please call (833) 901-2272 or (808) 762-5751 and (833) 901-2275 or (808) 762-5752; or go to [\[https://labor.hawaii.gov/ui\]](https://labor.hawaii.gov/ui). You can also contact the local offices listed below for assistance.

CHINESE (Simplified): 重要! 本文件包含有关您的失业补偿权利、责任和/或福利的重要信息。理解本文档中的信息非常关键。如果您需要帮助（免费）以您的语言理解本文档，请致电 (833) 901-2272 或 (808) 762-5751 和 (833) 901-2275 或 (808) 762-5752；或前往 [\[https://labor.hawaii.gov/ui/lep-chi\]](https://labor.hawaii.gov/ui/lep-chi)。您也可以联系下列当地办事处寻求帮助。

JAPANESE: 重要! この文書には、失業補償の権利、責任、および/または給付に関する重要な情報が含まれています。この文書の情報をしっかり理解することが大事です。この文書を理解する上で、あなたの言語で無料サービスを必要とされる場合は、(833) 901-2272 または (808) 762-5751 および (833) 901-2275 または (808) 762-5752 までお電話ください。または [\[https://labor.hawaii.gov/ui/lep-jpn\]](https://labor.hawaii.gov/ui/lep-jpn) にアクセスして下さい。下記の地域事務所も支援を受け付けておりますので、お問い合わせください

TAGALOG: Mahalaga! May mahalagang impormasyon ang (mga) dokumentong ito tungkol sa iyong mga karapatan sa kompensasyon sa kawalan ng trabaho, mga responsibilidad, at/o mga benepisyo. Mahalagang maintindihan mo ang impormasyon sa dokumentong ito. **Kung kailangan mo ng (libreng) tulong para maintindihan ang dokumentong ito sa iyong wika,** tumawag sa (833) 901-2272 o (808) 762-5751 at (833) 901-2275 o (808) 762-5752; o pumunta sa [\[https://labor.hawaii.gov/ui/lep-tag\]](https://labor.hawaii.gov/ui/lep-tag). Maaari ka ring makipag-ugnayan sa mga lokal na tanggapan na nakalista sa ibaba para sa tulong.

ILOCANO: Nasken! Addaan nasken a damag daytoy nga dokumento maipanggep dagiti rebbeng a bayad para iti pannakaawan iti trabaho, responsibilidad, ken/wenno pagimbagan. Nasken a maawatam iti damag ditoy a dokumento. **No masapolmo iti (libre a) tulong tapno maawatam daytoy a dokumento iti lengguahem,** awagam iti (808) 762-5751 wenno (833) 901-2272 ken (833) 901-2275 wenno (808) 762-5752; wenno mapan iti [\[https://labor.hawaii.gov/ui/lep-ilo\]](https://labor.hawaii.gov/ui/lep-ilo). Mabalainmo pay a sarungkaran dagiti lokal nga opisina a nailista iti baba para iti tulong.

KOREAN: 중요! 본 문서(들)는 실업 보상 권리, 책임 및/또는 혜택에 관한 중요한 정보를 포함하고 있습니다. 이 문서에 포함된 정보를 이해하는 것이 중요합니다. 문서를 모국어로 이해할 수 있도록 도움(무료)이 필요하시다면, (833) 901-2272 또는 (808) 762-5751, (833) 901-2275 또는 (808) 762-5752 로 연락해주시십시오; 또는 [\[https://labor.hawaii.gov/ui/lep-kor\]](https://labor.hawaii.gov/ui/lep-kor) 으로부터도 가능합니다. 또한 아래의 현지 사무소에 연락해 도움을 받을 수 있습니다.

VIETNAMESE: Quan trọng! (Các) tài liệu này chứa thông tin quan trọng về quyền được bồi thường thất nghiệp, trách nhiệm và / hoặc quyền lợi của bạn. Điều quan trọng là bạn phải hiểu thông tin trong tài liệu này. **Nếu bạn cần trợ giúp (miễn phí) để hiểu tài liệu này bằng ngôn ngữ của bạn,** vui lòng gọi (833) 901-2272 hoặc (808) 762-5751 và (833) 901-2275 hoặc (808) 762-5752; hoặc truy cập [\[https://labor.hawaii.gov/ui/lep-vie\]](https://labor.hawaii.gov/ui/lep-vie). Quý vị cũng có thể liên lạc với các văn phòng địa phương được liệt kê dưới đây để được trợ giúp.

SPANISH: ¡Importante! Este(s) documento(s) contiene(n) información importante sobre sus derechos, responsabilidades y/o beneficios de compensación por desempleo. Es fundamental que comprenda la información de este documento. **Si necesita ayuda (sin cargo) para comprender este documento en su idioma,** llame al (833) 901-2272 o (808) 762-5751 y (833) 901-2275 o (808) 762-5752; o vaya a [<https://labor.hawaii.gov/ui/lep-spa>]. También puede ponerse en contacto con las oficinas locales que se indican a continuación para obtener ayuda.

CHUUKESE: Aueha! Ei taropwe a kan wor poraus aueha non usun eomuwe pung ren momon ese wor angang kena, met kopwe fofori, me/ika aninis kena. Mi fakkun namoteoch pwe en kopwe weweiti ewe poraus non ei taropwe. **Ika pwe en ka kan mochen aninis (ese wor momon) non weweitin ei taropwe non fosun fonuwom,** kose mochen korikich non (833) 901-2272 ika (808) 762-5751 me pwan (833) 901-2275 ika (808) 762-5752; ika kopwe ne no ngeni [<https://labor.hawaii.gov/ui/lep-chk>]. En kopwe kan pwan tongeni kori ewe ofes non nenieom mi maaketiw me fan ren aninis.

MARSHALLESE: Aurok! Ewōr melele aurok ilo peba in/kein kin maron, eddo, im/ak jibañ ko am ikijen kolla eo an bōjrak jerbāl. Aurok am melele naan ko kobban peba in. **Ñe kwōj aikuj jibañ (ejellok wonnen) ñan am melele naan ko kobban peba kein ilo kajin eo am,** joutj im kall ae tōk kim ilo (833) 901-2272 ak (808) 762-5751 im (833) 901-2275 ak (808) 762-5752; ak loḷok [<https://labor.hawaii.gov/ui/lep-mah>]. Kwōmaron bar kebaak opij ko ilo jukjukinbed eo im emōj laajrak ijin lal ñan aer jibañ kwe.

UNEMPLOYMENT INSURANCE CLAIMS OFFICES

Oahu Claims Office

830 Punchbowl Street, Room 110, Honolulu, HI 96813-5080
Phone: (808) 586-8970

Hilo Claims Office

1990 Kinoole Street, Room 101, Hilo, HI 96720-5293
Phone: (808) 974-4086

Kona Claims Office

Ashikawa Building, 81-990 Halekii Street, Room 2090
P.O. Box 167, Kealekekua, HI 96750-0167
Phone: (808) 322-4822

Maui Claims Office

54 South High Street, Room 201, Wailuku, HI 96793-2198
Phone: (808) 984-8400

Kauai Claims Office

4370 Kukui Grove Street, Suite 3-214, Lihue, HI 96766-2001
Phone: (808) 274-3043

Liable Interstate Unit

830 Punchbowl Street, Room 110, Honolulu, HI 96813-5080
Phone: (808) 586-8970