



Application for Training Waiver

Part A: Please complete this section.

To decide if you can attend training and get benefits at the same time, please sign below and give the form to the agency that referred you to the training. Your agency will complete Part B and return the form to your local unemployment office.



IMPORTANT: Continue to file your claim certifications.

If your training is approved, you do not have to apply for work, accept work that would end your training early, or look for work during school breaks like Easter, Thanksgiving, or Christmas. But you must look for work during the summer school break.

If your training is not approved, you must look for work while completing your training courses. You must look for work each week and put no restrictions on your re-employment.

By signing below, I understand that if my training is approved, my benefits will be denied for any time that the training facility reports that I have not shown satisfactory progress or attendance.

Name: _____

Social Security Number: xxx-xx-_____

Signature: _____

Date: _____

Local unemployment office:

Unemployment Insurance (UI) Call Center
(808) 762-5752 or (833) 901-2272 (toll-free)

UI Website: Labor.Hawaii.gov/UI
TTD/TTY: Dial 711; ask for (808) 586-8842

Oahu Claims Office

830 Punchbowl St
Room 110
Honolulu, HI
96813-5080

Hilo Claims Office

1990 Kinoole St
Room 101
Hilo, HI
96720-5293

Kona Claims Office

Ashikawa Building
81-990 Halekii St
Room 2087
Kealahou, HI
96750-0167

Maui Claims Office

54 South High St
Room 201
Wailuku, HI
96793-2198

Kauai Claims Office

4370 Kukui Grove St
Suite 3-214
Lihue, HI
96766-2001

Part B: Your referring agency or training facility will complete this section and return it to your local unemployment office.

As an authorized representative, please complete this section for the claimant. Keep a copy for your records and give a copy to the training facility if needed.

The training facility will be responsible for notifying the local unemployment office whenever the claimant misses training or is not showing satisfactory progress.

Name of training facility:		Phone:					
Address of training facility:		Email:					
Training course(s)	Dates of course	Weekly course schedule (Fill in the start and end time for each course below.)					
		Mon	Tue	Wed	Thu	Fri	Sat
	From: To:						
	From: To:						
	From: To:						
	From: To:						

Authorized representative's name and title: _____

Authorized representative's signature: _____ Date: _____

Part C: To be completed by Workforce Development Division (WDD)

Based on Hawaii law §383-29(e), do all the conditions apply to the applicant named on page 1? ☐ Yes ☐ No

If no, explain: _____

Authorized WDD representative's name: _____ Local office: _____

Authorized representative's signature: _____ Date: _____

Part D: To be completed by Unemployment Insurance (UI) Office

☐ Training course is approved.

☐ Training course is not approved.

Reason: _____

UI representative: _____ Date: _____