Hawaii Department of Labor & Industrial Relations Workforce Development Division 830 Punchbowl Street, Room 329 Honolulu, Hawaii 96813

Fax: (808) 586-8822

HireNet Hawaii Access Request Form

☐ New User (Complete section	☐ Inactivate Use s I & III) (Complete sec				Add/Delete Program Affiliation (Complete sections I & III)	
SECTION I:						
Request Date:		Request Time	:		Effective Date:	
Division/Branch:						
Staff Name:			Job Title:	:		
Address:			Zip code	:		
Phone:			Email:			
SECTION II: (Check all that apply for NEW users)						
Program Affiliation:	Affiliation: Wagner Peyser JVSG TAA FTW ETF					
	□ WIOA Ad	dult/DW 🗆 WIO	A Youth □	l UI 🗆	SNAP □ SCSEP	
Position: ☐ Case Manager ☐ Clerical Support ☐ Supervisor/Manager ☐ Local Area Board						
☐ Service Provider ☐ Administration Staff ☐ 89-day hire						
SECTION III: (Complete only if user is adding/deleting program affiliation)						
Wagner-Peyser:	\square ADD	☐ DELETE	JVSG:	□ ADD	☐ DELETE	
WIOA (Adult/DW):	□ ADD	☐ DELETE	TAA:	□ ADD	☐ DELETE	
WIOA (Youth):	□ ADD	☐ DELETE	FTW:	□ ADD	☐ DELETE	
UI:	☐ ADD	☐ DELETE	SNAP:	□ ADD	☐ DELETE	
SCSEP:	\square ADD	□ DELETE				
Manager/S		Date		Email Address		
HNH Access Request Form				6/5/20		