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STATE OF HAWAII
WORKFORCE DEVELOPMENT COUNCIL
830 Punchbowl Street, Suite 417, Honolulu, Hawaii 96813
Phone: (808) 586-8630 Web: <http://labor.hawaii.gov/wdc/>

June 19, 2020

(SN 34)

WIOA BULLETIN NO. 34-20

TO: WIOA Partners

SUBJECT: HireNet Hawaii Access Request Form

PURPOSE

The purpose of this bulletin is to provide guidance on the procedure for requesting WIOA Title I Adult, Dislocated Worker and Youth program staff access to the HireNet Hawaii system.

BACKGROUND

The Workforce Development Council (WDC) has been the contract manager and lead for the HireNet Hawaii system since 2015.

POLICY

Effective July 1, 2020, the Workforce Development Division (WDD) will become the new contract manager and lead for the HireNet Hawaii system.

PROCEDURES

To request a staff account, please complete Attachment 1, HireNet Hawaii Access Request Form. Attachment 2, Instructions for Completing the HireNet Hawaii Access Request Form, provides details to fill out the request form. All staff account request forms must be signed and e-mailed to the WDC. Once the request form is received, it will be reviewed by the WDC staff and when approved, forwarded to the WDD for completion. WDC staff will notify the requestor listed on the HireNet Hawaii Access Request Form when the process is completed.

EFFECTIVE DATE

The policy and procedures specified in this bulletin will be effective July 1, 2020.

INQUIRIES

Inquiries regarding this bulletin may be directed to Jayson Muraki at (808) 586-8674.

ATTACHMENTS

Attachment 1: HireNet Hawaii Access Request Form

Attachment 2: Instructions for Completing the HireNet Hawaii Access Request Form



Allicyn CH Tasaka
Executive Director

C: Maricar Pilotin-Freitas, Workforce Development Division
Joni Heatherly, Workforce Development Division

Equal Opportunity Employer/Program

If you need an auxiliary aid/service or other accommodation due to a disability, please contact the WDC at (808) 586-8866 (for TTY/TTD Dial 711 then ask for (808) 586-8866) as soon as possible. Requests made as early as possible will allow adequate time to fulfill your request. Upon request, this notice is available in alternative formats such as large print, Braille, or electronic copy.

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 sections I & III) Inactivate User (Complete section I only) 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:** Wagner Peyser JVSG TAA FTW ETF
 WIOA Adult/DW WIOA Youth 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: | <input type="checkbox"/> ADD | <input type="checkbox"/> DELETE | JVSG: | <input type="checkbox"/> ADD | <input type="checkbox"/> DELETE |
| WIOA (Adult/DW): | <input type="checkbox"/> ADD | <input type="checkbox"/> DELETE | TAA: | <input type="checkbox"/> ADD | <input type="checkbox"/> DELETE |
| WIOA (Youth): | <input type="checkbox"/> ADD | <input type="checkbox"/> DELETE | FTW: | <input type="checkbox"/> ADD | <input type="checkbox"/> DELETE |
| UI: | <input type="checkbox"/> ADD | <input type="checkbox"/> DELETE | SNAP: | <input type="checkbox"/> ADD | <input type="checkbox"/> DELETE |
| SCSEP: | <input type="checkbox"/> ADD | <input type="checkbox"/> DELETE | | | |

Manager/Supervisor

Date

Email Address

Instructions for Completing the HireNet Hawaii Access Request Form

This form is to be used to request access or to inactivate staff from HireNet Hawaii

Complete the form by filling in the following:

Place a checkmark in the appropriate box.

- New User – to request access for a new staff person. Complete sections I and II.
- Inactivate – to request that a staff person’s access be inactivated.
Complete section I only
- Add/Delete Program Affiliation – to request that a staff person’s program of responsibility be changed. Complete section I and III.

SECTION I

Request Date: Enter the date of the request.

Request Time: Enter the time of the request

Office/Branch: Enter the name of the office/branch where the staff person is located

Staff Name: Enter first and last name of the staff person.

Job Title: Enter the staff person’s job title.

Address: Enter the address for the office/branch.

Phone: Enter the phone number for the staff person

E-mail: Enter the e-mail address for the staff person

SECTION II

Program Affiliation: Enter the program(s) that the staff person is assigned to and will need access to. Check all that apply.

Position: Indicate position by marking appropriate box. If staff is 89-day hire, please select the 89-day box.

SECTION III

If this request is to add or delete program(s) of responsibility for the staff person, place a checkmark in the appropriate box(es).

Manager/Supervisor: Please have the Manager/Supervisor sign the form.

Once the form is completed, please email the form to Jayson.K.Muraki@hawaii.gov.