

PARTIAL UNEMPLOYMENT INFORMATION

CLAIMANTS:

To be eligible for partial unemployment benefits, the following requirements must be met:

“Partial Unemployment Eligibility”:

Under section 383-29.6 HRS, a new claim or additional claim for partial unemployment benefits may be filed for any week only if you:

- (1) Were a full-time worker;
- (2) Are still attached to your regular employer;
- (3) Worked less than or did not work your normal customary full-time hours for that week;
- (4) Had no earnings or earned less than your weekly benefit amount for that week; and
- (5) Were unemployed due to lack of full-time work for that week.

“Partial Unemployment; Claim Filing Requirements”:

- (a) Claims for partial unemployment may be taken within twenty-eight (28) days from the week ending date of the first week of partial unemployment.
- (b) You may file a continued claim certification for partial unemployment benefits in person, by mail, by telephone, or by using other alternative claim filing procedures as instructed or authorized by the department. The continued claim certification shall be filed no later than twenty-eight (28) days from the end of the week for which you claim benefits....

“Partial Unemployment; Waiver”

- (a) The registration for work requirement shall be waived for those individuals who are partially unemployed.
- (b) You are also exempted from the work search requirements or may be subject to modified work search requirements as authorized by the department.

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EMPLOYERS:

“Partial Unemployment” means the unemployment of any individual who, during a particular week, was still attached to the individual’s regular employer, earned less than that individual’s weekly benefit amount or had no earnings and who worked less than or did not work that individual’s customary full-time hours for such regular employer because of lack of full-time work....

“Attached to a regular employer” means:

- (1) the employee is being offered work each week; or
- (2) if no work is being offered:
 - (A) the employer is maintaining the individual on the payroll by paying for a medical insurance plan or by maintaining the employee’s sick leave or vacation credits; or
 - (B) There is a definite return to work date. (Note: if the definite return to work date is subsequently changed, the individual will lose partial status and be considered totally unemployed.)

“Full-Time” means a forty (40) hour work week unless regarded otherwise according to the standard practice, custom, or agreement in a particular trade, occupation, or business.

383-29.9 HRS, “Partial Unemployment Reporting Requirements”

- (a) An employer to whom a claimant for partial unemployment is still attached shall submit verification of earnings and satisfy all low earnings reporting requirements in subsection (b) and rules of the department for each week that the claimant certifies for partial unemployment benefits.
- (b) Low earnings reports shall be submitted as follows:
 - (1) Whenever, during any weekly pay period in an individual’s benefit year, an individual has worked less than full-time hours for the regular employer to which the individual is attached and the individual’s earnings are less than the individual’s current weekly benefit amount, the individual’s employer, upon request by the department shall:
 - (A) Enter the individual’s name, social security account number, gross earnings, week ending date, and the reasons for the individual’s reduced work week on a form provided or approved by the department and return the form to the unemployment insurance office as instructed within five (5) working days after the notice of the individual’s benefit amount has been mailed to the employer as to all prior weeks for which benefits are claimed. Thereafter, during the benefit year, the employer shall report within five (5) working days after the end of each week or weekly pay periods for which the low earnings reports are required; or
 - (B) Furnish the individual personally with the information on a form provided or approved by the department and the individual shall be responsible to submit the report to the unemployment insurance office within five (5) working days after the end of each week or weekly pay period or as instructed by the department.
 - (2) If the employer or individual fails to submit the low earnings report as prescribed in paragraph (1)(A) or (B) within the time specified by the department, the department shall determine the individual’s eligibility for any week’s benefits claimed based on the individual’s certification of employment and earnings.

**PARTIAL UNEMPLOYMENT INFORMATION
VERIFICATION OF PARTIAL UNEMPLOYMENT STATUS**

Dear Employer,

This individual, _____, SSN xxx-xx-_____ applied for partial unemployment benefits on _____ and has indicated that he/she is still attached as a regular employee employed by you. In order for your employee to be on partial unemployment status, you must submit information to verify that the employee was:

- 1) hired as a full-time worker; 2) is not working or working less than full-time hours due to lack of work; 3) will be offered work each week; or 4) if not offered work each week: (a) there is a definite return to work date, or (b) you are maintaining the employee (refer to “attached to a regular employer”) on the payroll.

Please complete and return this form to the local claims office within five working days or by _____. If we do not receive this form as indicated, the individual may be considered totally unemployed and be required to register and actively seek work. If you have questions or need assistance in completing this form, please contact the unemployment insurance office nearest you.

- 1. Individual was hired as: Full-time _____ Part-time _____
- 2. Will the individual be working every week? Yes _____ No _____
 - a) If yes, what are the days and hours? _____
 - b) If no, are you maintaining the individual on the payroll by paying for a medical insurance plan or maintaining the employee’s sick leave or vacation credits? Yes _____ No _____
 - 1) If yes, provide the dates that this individual will be maintained on your payroll. From _____ to _____ (mm/dd/yy)
 - c) If no, is there a “Definite Return to Work Date”? Yes _____ No _____
Specify the date ____/____/____ or expected time period _____ (Note: this will be used to determine when an individual will be converted to totally unemployed.)
- 3. Reason for not working full-time? Lack of Work _____ Other _____
If other, please explain: _____

I certify that the information above is true and correct to the best of my knowledge.

Employer/Company Name (please print) _____

Employer’s Signature: _____ Date: _____

Print Name: _____

Title: _____ Phone Number: _____

Return form to: