



UC-348 AUTOMATION

Employer Dashboard

The employer is instructed to log in and select “Forms” on the Dashboard.

The screenshot displays the Employer Dashboard interface. The main content area contains several menu items, each with an icon and a brief description:

- Account Inquiry**: View employer account information, rate, and balances for respective years and quarters.
- Employer Reporting**: Submit quarterly wage reports and payment. View previous submissions, pay outstanding balances, amend prior submissions.
- File Weekly Report of Low Earnings**: Electronic Low Earnings Report and Monitor System (ELERM) is used to file Weekly Reports of Low Earnings for employees that are still attached. For more information, [click here](#).
- Appeals**: File an appeal, get hearing information, and see appeal statuses. You can file your appeal Monday through Friday - 6:30 a.m. to 5:30 p.m. Weekends and Holidays - 9:00 a.m. to 5:30 p.m.
- E-Response**: Register for E-Response.
- Professional Employer Organization (PEO)**: Maintain client list for my PEO.
- Forms**: Electronic Unemployment Insurance Forms and Employer Forms. (This item is highlighted with a rounded rectangle in the image.)
- Notifications**: Check email, alerts, and notifications sent from Department of Labor and Industrial Relations.

The right sidebar is titled **ACCOUNT SETTINGS** and contains the following options:

- Edit Profile**: Change your password, security questions(s), security answer(s), security image and or security phrase.
- Edit Online Business ID**: Change your online business ID. Please note that this will affect all users on this Employer Account.
- User Management**: Management of authorized users, update email addresses, ability to add, delete, and manage user access.

Forms Page

Employers are instructed to complete the form UC-348

Home / Forms

History

UC-25 - Notification of Changes

Use this form to change an employer's address or status of business.

UC-86 - Waiver of Employer's Experience Record

Use this form to request acquisition of the experience record of a predecessor employer

UC-175 - Application for Self-Financing - Non-Profit Organization

Use this form to file as a Non-Profit Organization.

UC-176 - Application for Group Plan - Non-Profit Organization

Use this form to elect self-finance status for a group of non-profit organizations.

UC-226 - Verification of Registration with a Referring Union (Submit Upon Request)

Use this form to report that a claimant is an active member seeking work through your union's hiring hall, his/her union's work referral status, availability, readiness and willingness to work during customary work hours.

UC-336 - UC-336 Election By Family Owned Corporation to be Excluded from Coverage Under Section 383-7(20), HRS

Use this form to elect exclusion from unemployment insurance coverage of a family-owned corporation

UC-347 - Notification of Acquisitions or Transfers

Use this form to report acquisitions or transfers in accordance with Section 383-66(b), HRS, if there is substantially common ownership, management or control between employing units or an acquisition or transfer made between an employing unit and a person who is not an employing unit. The department will determine substantially common ownership, management or control.

UC-348 - Verification of Partial Unemployment Status

Use this form to confirm an employee's partial unemployment status.

Forms History

Submitted Date/Time	Form Title	Status	Submitted By	Action
05-24-2019 10:05:24 (HST)	UC348	COMPLETED	Hamilton, Michelle	
05-22-2019 14:05:38 (HST)	UC348	COMPLETED	Hamilton, Michelle	
05-22-2019 11:05:64 (HST)	UC348	COMPLETED	Hamilton, Michelle	

Instructions

Verification of
Partial
Unemployment
StatusReview UC-348
Form

Completing UC-348

The answers provided by the employer will determine whether the claim status will remain Partial or be changed to Part-Total or Total.

Verification of Partial Unemployment Status

* Indicates required field

EMPLOYER INFORMATION

Employer Name *

MACY'S

EMPLOYEE INFORMATION

First Name *

Last Name *

MI

SSN *

1. Is this employee still employed? *

 YES NO

2. Was the employee a full time worker prior to work hours being reduced? *

 YES NO

3. Is the reduction of hours due to a temporary lack of work? *

 YES NO

4. Will the employee continue to be regularly scheduled or offered reduced hours each week? *

 YES NO

5. As the employer, are you continuing to pay for medical insurance, maintaining sick leave or vacation credits? * (Check "NO" if vacation credits or medical insurance benefits are being maintained by way of a union trust fund).

 YES NO

6. Do you have a definite return to work date for this employee? *

 YES NO

Contact person for payroll to verify earnings *

Contact Title *

Contact Number *

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Save and Continue

Review & Submit

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Instructions
Verification of Partial Unemployment Status
Review UC-348 Form

Review UC-348 Form

Please confirm that the information below is correct.

Verification of Partial Unemployment Status [Edit](#)

EMPLOYER INFORMATION
Employer Name
MACY'S

EMPLOYEE INFORMATION
First Name
Jane

MI

Last Name
Doe

SSN
xxx-xx-6789

Is this employee still employed?
YES

Was the employee a full time worker prior to work hours being reduced?
YES

Is the reduction of hours due to a temporary lack of work?
YES

Will the employee continue to be regularly scheduled or offered reduced hours each week?
YES

Contact person for payroll to verify earnings
Mary Smith

Contact Title
HR

Contact Number
8085861234

I certify the above statements to be correct to the best of my knowledge and belief.

[Back](#) [Submit UC-348](#)

Confirmation

Your UC-348 Submission

Thank you! Your information has been submitted. A confirmation email will be sent.

Form 348 was submitted on 05-28-2019 09:28:52 (HST)
Confirmation Number: 3409-0-148

Verification of Partial Unemployment Status

EMPLOYER INFORMATION
Employer Name
MACY'S

EMPLOYEE INFORMATION
First Name
Jane

MI

Last Name
Doe

SSN
xxx-xx-6789

Is this employee still employed?
YES

Was the employee a full time worker prior to work hours being reduced?
YES

Is the reduction of hours due to a temporary lack of work?
YES

Will the employee continue to be regularly scheduled or offered reduced hours each week?
YES

Contact person for payroll to verify earnings
Mary Smith

Contact Title
HR

Contact Number
8085861234

I certify the above statements to be correct to the best of my knowledge and belief.

[Go to Home](#)

Duplicate UC-348

The employer can only submit one UC-348 per Partial Claim notification.

UC-348 - Verification of Partial Unemployment Status

Use this form to confirm an employee's partial unemployment status.

Forms History

Submitted Date/Time	Form Title	Status	Submitted By	Action
05-29-2019 15:05:78 (HST)	UC348	DUPLICATE	Test, Michelle	
05-29-2019 14:05:45 (HST)	UC348	PENDING - NO CLAIM	Test, Michelle	
05-28-2019 14:05:14 (HST)	UC348	COMPLETED	Test, Michelle	

UC-348: Employer Confirmation Email

From: do_not_reply@ui.hawaii.gov
Date: May 28, 2021 at 3:03:50 PM HST
To: kielester@gmail.com
Subject: Hawaii UI UC-348 Confirmation

Form UC-348 was submitted on 05-28-2021 14:59:18 (HST)
Confirmation Number: 18909-0-148
Employer Name: [REDACTED]
UI Account #: [REDACTED]

Your UC-348 for [REDACTED] has been submitted.

Please do not reply to this email. This mailbox is not monitored and you will not receive a response.

Email ID: 88386

Duplicate UC-348: Employer Notification

The email will advise the employer that the UC-348 was not processed and they must contact the local office.

From: do_not_reply@ui.hawaii.gov <do_not_reply@ui.hawaii.gov>

Sent: Wednesday, May 29, 2019 3:43 PM

To:

Subject: Unemployment Insurance Status Alert - Action Required

Your attempt to submit a duplicate form UC-348 could not be processed. If you need to amend a previously submitted UC-348, please contact the UI Division Monday-Friday 7:45am to 4pm excluding state holidays at any of the following:

- Kona Call (808) 322-4822 or [Email](#)
- Hilo Call (808) 974-4086 or [Email](#)
- Maui Call (808) 984-8400 or [Email](#)
- Oahu Call (808) 586-8970 or [Email](#)

Please do not reply to this email. This mailbox is not monitored and you will not receive a response.

Email ID: 53758