



STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
UNEMPLOYMENT INSURANCE DIVISION

Princess Keelikolani Building, 830 Punchbowl Street, Room 437, Honolulu, Hawaii 96813
INSTRUCTION SHEET FOR FORM UC-25, NOTIFICATION OF CHANGES

Instructions

Please type or print. Complete Part I or Part II, whichever is applicable, and deliver to the Unemployment Insurance Office where your account is maintained for correction and/or changes.

The **Delivery Information** section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly.

Please remember to sign and date the form before submitting it.

If you require assistance in completing this form or if you need further information, please contact the appropriate office listed below:

Delivery Information

Delivery by U.S. Mail, In-Person, or via Fax

Department of Labor and Industrial Relations, Unemployment Insurance Division

OAHU	HAWAII	MAUI	KAUAI
Employer Services Section 830 Punchbowl Street, #437 Honolulu, Hawaii 96813 Mailing Address: P.O. Box 700 Honolulu, HI 96809-0700 Ph: (808) 586-8913/586-8914 FAX: (808) 586-8929	1990 Kinoole St., # 101 Hilo, HI 96720-5293 Ph: (808) 974-4095 FAX: (808) 974-4085	54 S. High St., # 201 Wailuku, HI 96793-2198 Ph: (808) 984-8410 FAX: (808) 984-8444	3100 Kuhio Hwy., # C-12 Lihue, HI 96766-1153 Ph: (808) 274-3025 FAX: (808) 274-3046



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FORM UC-25, NOTIFICATION OF CHANGES

Name of Employer	UI Account Number
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PART I. TERMINATION OF EMPLOYMENT/BUSINESS

NOTICE IS HEREBY GIVEN to the Hawaii Unemployment Insurance Division that the above named employer has suspended or discontinued employment in Hawaii. The employer will not file a quarterly contribution report for periods after the termination date, until such time in the future as the employer has one or more persons in employment under the Hawaii Employment Security Law. The employer is required to notify the Unemployment Insurance Division if employment in Hawaii is resumed.

1. Effective Date of Termination: (Month/Day/Year)
2. Reason for discontinuation of employment: <input type="checkbox"/> Business in Hawaii suspended or discontinued entirely without a successor <input type="checkbox"/> Business in Hawaii acquired by a successor <input type="checkbox"/> Form of Organization changed to _____ (corporation, individual, LLC, partnership, etc.) <input type="checkbox"/> Business in Hawaii continued in operation without employment after date in item 1.
3. Name and address of person who will be responsible for the employer's records hereafter:
4. Name and address of successor in business:
5. Was all or part of the business sold? <input type="checkbox"/> All <input type="checkbox"/> Part (FOR INFORMATION ON TRANSFERS OF RATES AND RESERVES FROM A PREDECESSOR, CONTACT THE UNEMPLOYMENT INSURANCE OFFICE)

PART II. CORRECTIONS AND CHANGES

NOTICE IS HEREBY GIVEN to the Hawaii Unemployment Insurance Division of the following changes and/or corrections:

1. Name (Attach Documentation of Name Change)	
2. Trade Name (Attach Documentation of Name Change)	
3. Business Address	4. Business Telephone No. ()
5. Mailing Address	6. Business Fax No. ()
7. Type of Business	8. Federal I.D. No. -
9. Change in Ownership (Officers, Partners, Stockholders, etc)	

I certify that the information on this report is true and correct.	Signed by
Title	Print Name
Phone Number ()	Date

FOR OFFICIAL USE ONLY	Remarks
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