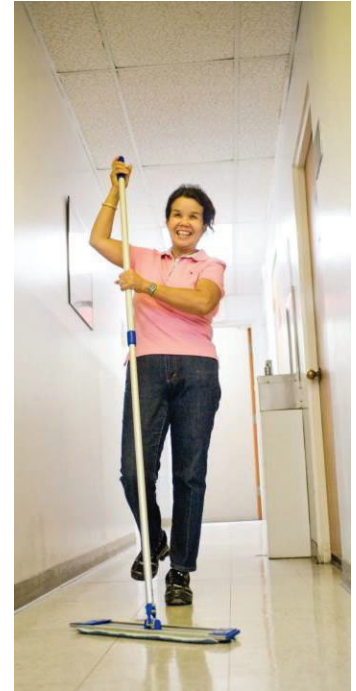


SEE Hawaii Work

Supporting Employment Empowerment since 2005



Mailing Address:
1075 South Beretania St 2nd
Floor, Honolulu, HI 96814

Call:
(808) 792-8551

Email:
seehawaiiwork@higoodwill.org

Visit Our Website:
www.higoodwill.org/see-hawaii-work

SEE Hawaii Work is an innovative initiative of the State of Hawaii which partners with local employers to help families receiving TANF secure and maintain employment; and is fully funded by the Department of Human Services.

SEE Success:

- Over 2,200 Employer Partnerships
- Over 3,500 Job Placements
- Over 1,350 Families Exiting TANF
- 86% of our Employees are retained upon completion of the subsidized period
- Employees earn competitive industry wages and work an average of 32 hours per week

TANF: Temporary Assistance for Needy Families

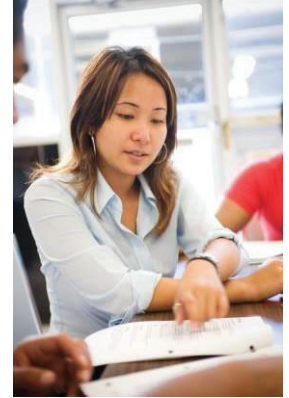
SEE Hawaii Work empowers Hawaii's needy families to reach self-sufficiency. SEE works with local employers to develop meaningful job opportunities in a wide variety of industries including: Business, Hospitality, Retail, Food Service, Social Services, Labor, Education and Healthcare.

Through SEE, Employers receive free services and substantial reimbursement for new hires in exchange for providing on-the-job training and mentorship to these employees.

Over the subsidized period, these employees learn valuable skills; increase their employability; and have the opportunity of continued, long-term employment within their company with the end goal of financial independence.

Before: Attending Job Readiness Training

After: Working & Self-Sufficient



U + SEE Hawaii Work = Success

Benefits for Employers.....

Hiring New Staff:

- Free advertisement of job openings
- Pre-Screened quality Job Applicants that meet the position qualifications

Maintaining Employees:

- Generous Wage and Benefit Subsidy*:

Minimum	Benefits &
Wage	Matching Incentive up to \$14 Expenses
\$12.00 + (\$.50 x each additional \$1) + 14%	

- Dedicated SEE staff to assist with employee recruiting, hiring, and retention

*Employers may be eligible for Tax Credits for hiring eligible employees

A Person Centered Approach.....

- SEE Hawaii Work meets one-on-one with each job seeker to identify the individual's strengths and interests
- Friendly and professional Job Coaches provide Job Readiness, Job Placement, and Job Retention services
- Employees receive regular follow up and Support Services, including assistance with Childcare, Transportation, and Work-Related Expenses, in order to find and maintain employment



Servicing You **East Hawaii** **West Hawaii** **Kauai** **Maui County** **Oahu**
Statewide: **808-961-3918** **808-443-5854** **808-482-3204** **808-442-8913** **808-792-8551**

CONTACT US at:

Phone: 808-792-8551

Email:

seehawaiiwork@higoodwill.org

Website:

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- ◆ Over 2,200 Employer Partnerships
- ◆ Over 3,300 Job Placements
- ◆ 86% of our Employees are retained upon completion of the subsidized period

Our offices:

Monday - Friday

7:45am - 4:30pm

EAST OAHU

1075 S. Beretania St 2nd
Floor Honolulu, HI 96814
808-792-5092

WEST OAHU

338 Kamokila Blvd.
Suite 205 & 206
Kapolei, HI 96707
808-792-8551

KAUAI

4334 Rice Street, Ste 205
Lihue, HI 96766
808-482-3204

EAST HAWAII

500 Kalanianaʻole Ave, Ste 3
Hilo, HI 96720
808-961-3918

WEST HAWAII

74-5599 Luhia St, Ste F-4
Kailua-Kona, HI 96740
808-443-5854

MAUI COUNTY

250 Alamaha St, Ste N16B
Kahului, HI, 96732
808-442-8913

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SEE Hawaii Work Program & Hawaii Compliance Express (HCE)

SEE can reimburse employers for their employees' benefits and wages through a SEE Agreement between the employer, employee and the Department of Human Services (DHS). To be approved for SEE Agreements, employers must register and be in compliance with HCE.

HCE verifies an employer's good-standing in 4 categories, quickly and easily, through HCE's online website:

- ◆ Hawaii Department of Taxation
- ◆ U.S. Internal Revenue Service
- ◆ Hawaii Department of Commerce and Consumer Affairs
- ◆ Hawaii Department of Labor and Industrial Relations

Register with HCE at:

<http://vendors.ehawaii.gov>

Contact HCE for assistance with registering or with questions at: **(808) 695-4620**

HCE will provide a State of Hawaii Procurement Office Certificate of Vendor Compliance. Employers then submit their SEE Employer Application to utilize SEE.

REIMBURSEMENT via the DHS INTERNET PORTAL

PORTAL BENEFITS

DHS provides timely reimbursements directly to SEE partner employers.

Employers can access the DHS Internet Portal at any time to update their business information and check the status of their reimbursement.

PORTAL APPLICATION

Once an employer's SEE Employer Application has been approved, the employer will submit:

- DHS Portal Terms and Conditions Employer Payment Agreement;
- DHS Internet Portal User Application for SEE Employers

Once the employer receives their DHS Internet Portal login information, the employer will enter their bank account information to receive direct deposit and be all set-up for reimbursement!

Employers receive the State minimum wage (\$12.00) per hour plus \$.50 for each additional \$1.00 per hour up to \$20.00 per hour for a conditional 24-40 hours per week.

Employee's Hourly Wage Range	Hourly Reimbursement to Employer	Maximum 3 Month Subsidy
\$12.00 - \$12.99	\$12.00 + 14% = \$13.68	\$6566.40
\$13.00 - \$13.99	\$12.50 + 14% = \$14.25	\$6840.00
\$14.00 - \$14.99	\$13.00 + 14% = \$14.82	\$7113.60
\$15.00 - \$15.99	\$13.50 + 14% = \$15.39	\$7387.20
\$16.00 - \$16.99	\$14.00 + 14% = \$15.96	\$7660.80
\$17.00 - \$17.99	\$14.50 + 14% = \$16.53	\$7934.40
\$18.00 - \$18.99	\$15.00 + 14% = \$17.10	\$8208.00
\$19.00 - \$19.99	\$15.50 + 14% = \$17.67	\$8481.60
\$20.00+	\$16.00 + 14% = \$18.24	\$8755.20



State of Hawaii
 Department of Human Services
 Benefit, Employment and Support Services Division

SEE PROGRAM

[Address 1]
 [Address 2]
 [Telephone]

- New Application
- Recertification
- Update Employer Information
- Former SEE Employer

SEE EMPLOYER APPLICATION FORM

Section I: Employer

Business Name: _____
(As registered with the Department of Commerce and Consumer Affairs)

Doing Business As (dba): _____

Business Address: _____ Mailing Address: _____
(if different from business address)

Phone: _____ Fax: _____ Website Address (URL): _____

Business Type: _____ Business Industry: _____
(As registered with DCCA)

Federal Tax ID No: _____ State Tax ID No: _____

Section II: Worksite(s)

Address Worksite 1: _____ Employer ID# _____
(If not the same as the above business address) Mailing Address: _____
(If not the same as the mailing address in section 1)

Worksite Contact: _____ Position Title: _____
(Print First and Last Names)

Worksite Phone: (808) _____ Fax: _____ Mobile: _____

Worksite Email: _____ Hours of Operation: _____
(Include Days)

Total Number of Employees During Hours of Operation _____

Address Worksite 2: _____ Provider ID# _____ Service ID# _____
(If not the same as the above business address) Mailing Address: _____
(If not the same as the mailing address in section 1)

Worksite Contact: _____ Position Title: _____
(Print First and Last Names)

Worksite Phone: (808) _____ Fax: _____ Mobile: _____

Worksite Email: _____ Hours of Operation: _____
(Include Days and)

Total Number of Employees During Hours of Operation: _____

SAMPLE

Section III: Participation Requirements

- A. The above-mentioned employer agrees to:
 1. Maintain compliance with applicable federal, state, and county laws that affect its ability to do business in the State of Hawaii for the duration of participation with the SEE Program;
 2. Possess all applicable licenses and accreditation related to the nature of the business, required under any applicable federal, state, and county laws;
 3. Pay the SEE participant (employee) at a rate that is comparable to other employees in the same position, and provide the same working conditions, entitlements and benefits provided to all other employees in similar positions including but not limited to temporary disability insurance, worker’s compensation, unemployment insurance, health insurance benefits, and sick, vacation, personal and holiday leaves;
 4. Receive reimbursement payments through direct deposit into a bank account designated by the employer;
 5. Employ no more than ten percent (10%) of the total workforce, per worksite through the SEE Program at any given time; and
- B. Determination of eligibility and approval does not grant the employer any rights of interest in participation with the SEE Program, and the Department is not obligated to refer or place any SEE participants with the employer.
- C. The employer may dispute a non-payment or amount of an eligible reimbursement payment through a written request to the Department no later than thirty (30) calendar days from the date of the non-payment notice.

NOTE: The employer may refer to Chapter 17-795, Hawaii Administrative Rules (HAR), for additional SEE Program policies, eligibility, and participation requirements for SEE employers. Program rules are available through the Department’s website at <http://humanservices.hawaii.gov/admin-rules-2/admin-rules-for-programs/>.

Authorized Representative

Employer Representative: _____ (Print First and Last Names) Position Title: _____

Phone: _____ Fax: _____ Mobile: _____

Email Address: _____

I hereby certify that I am legally authorized have delegated authority to act and sign on behalf of the above-mentioned employer. By my signature below, I attest to having read the aforementioned requirements and agree with the stated conditions.

Signature of Authorized Representative

Date