

HAWAII RESIDENCY REQUIREMENT ACKNOWLEDGMENT FORM
(To be completed on a new employee's first day of work)

Act 52 was passed by the State of Hawaii Legislature and signed into law in 2007. Under this law, employees of the State of Hawaii who are not currently residents are required to become residents of the State of Hawaii within thirty (30) days after beginning their employment. "Resident" is defined as a person who: 1) is physically present in the State and 2) shows intent to make Hawaii their primary residence.

Please initial the appropriate line, then sign and date this form.

_____ I am currently a resident of the State of Hawaii.

I hereby swear (or affirm) that I am a resident of the State of Hawaii and that the following is my residence address (a temporary residence address is permissible, but a P.O. Box is not):

Address City State Zip Code

I understand that being a resident of the State of Hawaii is a condition of my continued employment with the State.

I also understand that residency in Hawaii means that it is my intent to make Hawaii my home. Making Hawaii my home means that it is the place to which I intend to return to whenever I am absent. I understand that Hawaii residency carries with it various rights and responsibilities, including, for example (but not limited to): my responsibility to pay Hawaii State resident income taxes, and my right to register to vote in Hawaii if I am otherwise qualified.

_____ I will become a resident of the State of Hawaii within thirty (30) days from the date I start my employment.

I have read and understand the above residency requirement. I acknowledge that I have received a copy of the Certification of Hawaii Residency (HRD 319a rev. 7/01/07) from my Department Personnel representative on _____
[Today's Date]

I understand and acknowledge that I must complete and return the Certification of Hawaii Residency (HRD 319a rev. 07/01/07) form within thirty (30) days from my first day of work or by _____
to my Dept. Personnel representative. [Date Due]

I understand and acknowledge that if I do not complete and return these forms by the due dates stated above; steps will be taken to terminate my employment.

Signature

Print or Type Name

Date Signed City State