



# SUBSTITUTE TEACHER APPLICATION AND RENEWAL

DOE OTM 600-004

Last Revised 01/01/2019

Former DOE Form: DOE OHR 600-004

DEPARTMENT OF EDUCATION (DOE)

Office of Talent Management (OTM)

Teacher-Substitute Employees Automated System (T-SEAS) Unit

P.O. Box 2360 Honolulu, HI 96804

**Mark one:**  **New Application\***  **Annual Renewal** - School Year \_\_\_\_\_ - \_\_\_\_\_  
YYYY YYYY

\* Valid documentaion showing your ability to legally work in the United States may be required (i.e., Employment Auhorization Document, Permanent Resident Card, unexpired foreign passport,etc.)

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**I. EMPLOYEE / APPLICANT INFORMATION** Last four digits of Social Security # (SSN): \_\_\_\_\_

*\*Name as it appears on Social Security Card*

Name: \_\_\_\_\_  
Last First Middle

Mailing Address (Required): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Permanent Tel#: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**Mark if applicable**

**Change in Permanent Telephone #** (Written above)

**Change in Preferences** (Read and complete Section IV, as applicable)

**Classification Change**- Class \_\_\_\_\_ to Class \_\_\_\_\_ (Attach official transcripts, copy of teaching license and/or grade reports)

**District Transfer** - Effective Date: \_\_\_\_\_, Transfer from: \_\_\_\_\_ District  
MM/DD/YYYY

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**II. GENERAL INFORMATION**

You are restricted to teaching in only ONE (1) Home District (Please mark the District):

HON  CEN  LEE  WIN  HAW  MAUI  KAU  PUBLIC CHARTER SCHOOLS

You are on at least one school priority list. Name of School: \_\_\_\_\_

Principal/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY

Principal/Designee Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

You completed the annual Bloodborne Training requirement within ONE (1) YEAR of the date on this application.

Exact date completed: \_\_\_\_\_ Location/Channel Viewed: \_\_\_\_\_  
MM/DD/YYYY

Did you complete the 30-Hour Substitute Teacher Course?

**Yes**; Date: \_\_\_\_\_, Location: \_\_\_\_\_  **No**; Completion Date: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

Did you complete the Re-Certification Class? (Note: Class I and Class II substitutes must have completed the 30-hour Substitute Teacher Course before taking the Re-Certification Class.)

**Yes**; Date: \_\_\_\_\_, Location: \_\_\_\_\_  **No**; Completion Date: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

**PERSONAL DATA**

	YES	NO
1) Have you at any time been suspended, fired, terminated, dismissed, discharged or asked to resign from employment? If yes, please explain:	<input type="checkbox"/>	<input type="checkbox"/>
2) Have you at any time separated from military service under conditions other than honorable? If yes, please explain:	<input type="checkbox"/>	<input type="checkbox"/>
3) Have you at any time been arrested and/or convicted? If arrested, please specify what you were arrested for: _____ If arrested, were you charged? If charged, please specify what you were charged with and the disposition (outcome) of the charge:	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you at any time had a professiona license or certification (for example, attorney, nurse, psychologist, teacher, school administrator, etc.) suspended, revoked, denied or not renewed? If yes, please explain:	<input type="checkbox"/>	<input type="checkbox"/>

(Note: Conviction or termination from employment will not necessarily disqualify an applicant)

Name: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_  
 Last First M.I.

**III. QUALIFICATIONS - New Applicants: please complete this section. Existing substitute teachers: please complete only if there are any changes to your educational and professional training record.**

**Educational and Professional Training**

Please list your degree(s), bachelor's degree and above, and the college and/or university at which the degree(s) was earned. The information should be complete and the official college and/or university transcript showing degree(s) granted and/or credits earned must be submitted. Timely transcript submittal is required to verify your proper classification and certification status since this may affect your assigned pay rate and priority for day-to-day employment. (Note: Transcripts submitted become the property of the Hawaii State Department of Education and will not be returned to applicant.)

College/University	Location (City/State)	From	To	Sem. Hrs.	Degree	Date	Major

**Student Teaching and/or Intern Teaching**

From	To	Subject/Grade Level	Name and Address of School	Name of Cooperating Teacher	Sem. Hrs.

**Professional Certification**

Type of Teaching Certificate	State	Date Issued	Expiration Date

**Professional Experience in Hawaii (Please list your most recent experience, if any)**

Name of School	Location (City/State)	Grade/Subject	From	To	Type of Employment (Contract or Substitute)	Reason for Leaving

**IV. PREFERENCES - continued on page 3**

**CLASS I SUBSTITUTE TEACHERS:** If you are a Class I substitute teacher, the SmartFind Express (SFE) System computer will only call you for jobs at your priority schools. DO NOT complete Section IVa.- IVc.

**CLASS II & CLASS III SUBSTITUTE TEACHER PREFERENCES for the SFE System:** If you DO NOT want the SFE System to call you, go directly to Section IVd. - SPECIAL PREFERENCES and check the box marked "PRE-ARRANGED ASSIGNMENTS ONLY."

\*Preferences marked in this section will be input into SFE System and serve as a basis for computerized call-outs. Offers from SFE System will be restricted to your priority list(s) and the complex areas and grade levels you select.

\*Your subject preferences will also be considered, however, there may be days when you are needed for subjects you have not selected. Please keep an open mind and prepare to accept these assignments as well.

\*Communication with the SFE System requires a touch-tone phone. Answering machines, cordless phones, cellular phones, pagers, or pulse-generated phones are not reliable and may not be compatible with the SFE System. DOE/T-SEAS is not responsible for any missed job offers or miscommunication arising from their use.

Name: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_  
 Last First M.I.

**IV. PREFERENCE - continued from page 2**

**IVa. COMPLEX PREFERENCE:** Based on the ONE (1) Home District you selected in Section II., mark the corresponding complexes (listed directly under the District below) where you are willing and able to work. Keep in mind that you are restricted to teaching in your Home District only and cannot select complexes in other districts. If you DO NOT want the SFE System computer to call you, go directly to Section IVd. - SPECIAL PREFERENCES and check the box marked "PRE-ARRANGED ASSIGNMENTS ONLY."

HONOLULU DISTRICT	CENTRAL DISTRICT	LEEWARD DISTRICT	WINDWARD DISTRICT	HAWAII DISTRICT	MAUI DISTRICT	KAUAI DISTRICT
<input type="checkbox"/> 11 FARRINGTON	<input type="checkbox"/> 21 MOANALUA	<input type="checkbox"/> 31 PEARL CITY	<input type="checkbox"/> 41 KAILUA	<input type="checkbox"/> 51 HILO	<input type="checkbox"/> 61 BALDWIN	<input type="checkbox"/> 72 KAUAI
<input type="checkbox"/> 12 MCKINLEY	<input type="checkbox"/> 22 RADFORD	<input type="checkbox"/> 32 WAIPAHAU	<input type="checkbox"/> 42 KALAHEO	<input type="checkbox"/> 52 KEALAKEHE	<input type="checkbox"/> 62 MAUI	<input type="checkbox"/> 73 WAIMEA
<input type="checkbox"/> 13 ROOSEVELT	<input type="checkbox"/> 23 AIEA	<input type="checkbox"/> 33 CAMPBELL	<input type="checkbox"/> 43 CASTLE	<input type="checkbox"/> 53 HONOKAA	<input type="checkbox"/> 63 LAHAINALUNA	<input type="checkbox"/> 74 KAPAA
<input type="checkbox"/> 14 KAIMUKI	<input type="checkbox"/> 24 MILILANI	<input type="checkbox"/> 34 NANAKULI	<input type="checkbox"/> 44 KAHUKU	<input type="checkbox"/> 54 KEAAU	<input type="checkbox"/> 64 HANA	
<input type="checkbox"/> 15 KALANI	<input type="checkbox"/> 25 LEILEHUA	<input type="checkbox"/> 35 WAIANA E		<input type="checkbox"/> 55 KONAWAENA	<input type="checkbox"/> 65 MOLOKAI	
<input type="checkbox"/> 16 KAISER	<input type="checkbox"/> 26 WAIALUA	<input type="checkbox"/> 36 KAPOLEI		<input type="checkbox"/> 56 KOHALA	<input type="checkbox"/> 66 KEKAULIKE	
				<input type="checkbox"/> 57 KAU	<input type="checkbox"/> 67 LANAI	
				<input type="checkbox"/> 58 WAIAKEA		
				<input type="checkbox"/> 59 PAHOA		

**IVb. GRADE LEVEL PREFERENCES:** Mark the grade level codes you are willing and able to teach:  
 02 PRIMARY (K-3)       03 UPPER ELEM (4-6)       04 MIDDLE/INTER       05 HIGH SCHOOL

**IVc. SUBJECT PREFERENCES:** Mark the subject area codes you are willing and able to teach:

<input type="checkbox"/> 07 READING	<input type="checkbox"/> 43 CHINESE	<input type="checkbox"/> 53 WORLD LANGUAGES	<input type="checkbox"/> 880 REGISTRAR
<input type="checkbox"/> 08 ENGLISH	<input type="checkbox"/> 44 FILIPINO	<input type="checkbox"/> 55 MATH	<input type="checkbox"/> 881 LIBRARIAN
<input type="checkbox"/> 09 ENGLISH LANGUAGE LEARNER (ELL)	<input type="checkbox"/> 45 FRENCH	<input type="checkbox"/> 62 MUSIC	<input type="checkbox"/> 882 COUNSELOR
<input type="checkbox"/> 16 SOCIAL STUDIES	<input type="checkbox"/> 46 GERMAN	<input type="checkbox"/> 63 DRAMA/THEATRE ARTS	<input type="checkbox"/> 83 SPECIAL EDUCATION - VISUAL
<input type="checkbox"/> 20 COMPUTER	<input type="checkbox"/> 47 HAWAIIAN LANGUAGE/IMMERSION	<input type="checkbox"/> 64 DANCE	<input type="checkbox"/> 84 SPECIAL EDUCATION - HEARING
<input type="checkbox"/> 22 AGRICULTURE	<input type="checkbox"/> 48 JAPANESE	<input type="checkbox"/> 67 PHYSICAL EDUCATION	<input type="checkbox"/> 85 SPECIAL EDUCATION
<input type="checkbox"/> 23 ART	<input type="checkbox"/> 49 KOREAN	<input type="checkbox"/> 68 SPECIAL MOTIVATION	<input type="checkbox"/> 86 SPECIAL EDUCATION - PRE-SCHOOL
<input type="checkbox"/> 26 BUSINESS EDUCATION	<input type="checkbox"/> 50 LATIN	<input type="checkbox"/> 70 HEALTH	<input type="checkbox"/> 88 SPECIAL SCHOOL TEACHER
<input type="checkbox"/> 27 FAMILY CONSUMER SCIENCE	<input type="checkbox"/> 51 RUSSIAN	<input type="checkbox"/> 73 SCIENCE	<input type="checkbox"/> 89 SPECIAL EDUCATION - INCLUSION
<input type="checkbox"/> 28 CAREER TECHNOLOGY EDUCATION (CTE)	<input type="checkbox"/> 52 SPANISH		<input type="checkbox"/> 90 PRE-SCHOOL
<input type="checkbox"/> 29 INDUSTRIAL ARTS			

**IVd. SPECIAL PREFERENCES (Mark only if applicable)**

**PRE-ARRANGED ASSIGNMENTS ONLY** - By marking this box, you are choosing to ONLY accept assignments offered directly by schools or teachers. You will not be contacted by the SFE System (DO NOT select codes above if you choose this option.)

**HAWAIIAN LANGUAGE/IMMERSION** - I am 100% fluent in reading, writing and speaking in Hawaiian and am capable of providing instruction and guidance to students in a Hawaiian immersion classroom.

**SUBSTITUTES ON OAHU ONLY**

**ASSIGNMENTS AT THE HAWAII SCHOOL FOR THE DEAF AND THE BLIND (HSDB)**  
 Your name will be forwarded to HSDB. If you are needed, you will be contacted directly.

\* I can communicate in ASL at a proficiency rate of 50% or higher:       YES; If yes, what percentage? \_\_\_\_\_%       NO

Name: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_  
Last First M.I.

**Please read the following statements, then sign below to indicate understanding and acceptance. If you need clarification about any statement, check with your school administrator or Personnel Regional Officer.**

1. I agree to comply with applicable state and federal laws as well as policies, regulations and procedures of the Hawaii State Department of Education and its Substitute Teacher Program.
2. I will refrain from illegal activities on campus or during school-related activities such as: corporal punishment; physical abuse/harassment; racial and sexual abuse/harassment; smoking; possession, use or sale of alcoholic beverages or illegal drugs; releasing student records without authorization from school administration; using unprofessional language.
3. I will teach/treat all students with care, fairness, flexibility, and patience regardless of their race, color, national origin, gender, sexual orientation, religion or disability.
4. I will do my best to prevent or stop bullying and harassment by students and report such incidents to the school administration in order to maintain a safe and caring school environment.
5. I have reliable telephone communication that enables me to receive and accept assignment offers from schools, teachers, and the SFE System. I am aware that answering machines, cellular phones, pagers, cordless phones, or pulse-generated phones are not reliable and may not be compatible with the SFE System. I will not hold DOE/TSEAS responsible for any missed job offers or miscommunication arising from their use.
6. I am available to accept assignments on an on-call, as needed basis. While I have indicated grade/subject level preferences, I may be asked to substitute for positions outside these subject areas when needed. Consistent, non-availability (i.e. declines, hang-ups, no answers) may result in removal from the substitute employment pool because it delays the calling and filling of assignments.
7. I have fulfilled the yearly bloodborne pathogen training requirement.
8. I have read and attached a signed copy of the "Hawaii State Department of Education Acknowledgement of General Confidentiality Expectations".

Upon issuance of the DOE employment document, Notification of Personnel Action (SF-5A1), I will be eligible to: 1) use the SFE System; 2) be called for assignments, as needed, for the school year, except between academic terms or during customary recesses, holidays, and intersessions; and 3) be certified for payroll processing.

(Note: All materials submitted become the property of the Hawaii State Department of Education and will not be returned to applicant.)

**I hereby certify that all statements in this application are true, complete and correct. I understand that any willful omission or falsification of material facts in this application or breach of the Application Agreement will constitute sufficient reason for immediate dismissal.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY

**I hereby accept this applicant to be a substitute teacher in the District for the current school year.**

Complex Area Superintendent or Designee's Signature	Acceptance (Today's Date) MM/DD/YYYY	Effective Date of SF-5A1 MM/DD/YYYY
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**Reclassification Use Only (if applicable)**

Class: \_\_\_\_\_ Date: \_\_\_\_\_ Initial: \_\_\_\_\_  
MM/DD/YYYY

Comments:

**T-SEAS Use Only**

EBC: \_\_\_\_\_ VAX: \_\_\_\_\_ SFE: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

Comments:

Hawaii State Department of Education  
**Acknowledgement of General Confidentiality Expectations**

I understand that to fulfill the duties and responsibilities of my job, I may need to access personally identifiable information (PII) of students which is sensitive and/or confidential in nature. Such information may include, but is not limited to:

- Social Security Number, Home and mailing address, Home phone number, Date of Birth/Age, Ethnicity, etc.
- Admission and academic records
- Job applicant records (Names, transcripts, etc.)
- Employment and payroll records
- Usernames, passwords, “secret questions and answers” or other ID/password combinations for applications that contain or use personally identifiable information
- Credit card, debit card or credit-related information
- Bank account information
- Driver’s License Number

I understand that confidentiality of PII is protected by Chapter 92F (Uniform Information Practices Act) of the Hawaii State Revised Statutes, the Federal Privacy Act of 1974, Federal Family Educational Rights and Privacy Act (FERPA), and other applicable state and federal laws and Hawaii State Department of Education (HiDOE) rules, regulations, policies, and/or procedures.

I understand the confidential nature of private information regarding our students, faculty, staff, and other members of the HiDOE community and understand that it is my responsibility to respect and protect the confidentiality of this information.

I understand that accessing or seeking to gain access to PII, except in the course of fulfilling my job responsibilities, is prohibited. I further understand that disclosing using and/or altering any such information without proper authorization is also prohibited. If I have any questions regarding access, use, or disclosure of such information, I understand that it is my responsibility to consult with my supervisor prior to taking any action.

I understand that it is my responsibility to keep my own username and password confidential and that I am not to allow others to use my active sessions other than to resolve specific problems. I also understand that using another person’s username and password is prohibited, unless given explicit permission to do so to resolve a reported problem. It is my responsibility to keep my username/password combination(s) for all electronic applications confidential and sharing or transferring it to any other person is not allowed. I understand that it is my responsibility to notify my supervisor if my username and password, PII data, or personal computer access have been compromised.

I understand that electronic transactions on HiDOE’s information systems may be automatically logged and that the logs of my actions may be routinely reviewed as part for the HiDOE’s information security assurance program. I have read and understand my responsibilities under Board of Education Policy 4610 “Student Information and Confidential Records.”

Attachment to the Substitute Application, Form DOE OHR 600-004  
Acknowledgement of General Confidentiality Expectations

I understand that failure to abide by this notice may result in disciplinary action in accordance with HiDOE policies and procedures, State and federal laws, and applicable collective bargaining agreement up to and including dismissal. In addition, persons with access to confidential PII information may be subject to criminal penalties for the unauthorized access, use, and/or release of such information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_

### **Workplace Violence Training Video Viewing Confirmation Form**

To view the video,

1. Go to <http://vimeo.com/54326956>
2. Click on “Play” button to watch video

The length of the video is approximately 10 minutes.

By signing this form, I confirm that I have viewed the Workplace Violence Training Video on the specified date.

School/Office Name:

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Name (Please print):

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Date I Viewed the Video:

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Signature:

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Date Signed:

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**PATIENT PROTECTION and AFFORDABLE CARE ACT (“ACA”)  
DECLARATION FORM**

**By signing this Declaration Form, I acknowledge that I have received from the Department of Education information regarding my eligibility to enroll in the State of Hawaii, Hawaii Employer-Union Health Benefits Trust Fund (EUTF) Medical and Prescription Drug Plans for Part-Time and Temporary Employees.**

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PRINT First and Last Name

EMPLOYEE ID

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SIGNATURE of Employee

DATE

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SCHOOL/OFFICE NAME



EMPLOYEES' RETIREMENT SYSTEM OF THE STATE OF HAWAII  
 201 Merchant Street, Suite 1400, Honolulu, Hawaii 96813-2980

**CERTIFICATION OF COMPLIANCE WITH  
 REQUIREMENTS FOR EMPLOYMENT OF A RETIRANT**

Complete this form if you receive a retirement allowance from the Employees' Retirement System of the State of Hawaii (ERS) and have been or will be hired by the State or a county in a position that is excluded from ERS membership (including labor shortage or difficult-to-fill positions).

This form does not have to be completed if you will be reenrolled as an active member of the ERS. If you are reenrolled as an active member of the ERS, your retirement benefits will be suspended until you retire again.

Check with your employer to find out whether your position is a labor shortage or difficult-to-fill position. Check with the ERS to find out whether your position is excluded from ERS membership. Positions that are excluded from ERS membership include but are not limited to:

- o Short-term or temporary appointments of three months (90 days) or less;
- o Substitute teachers;
- o Positions that are less than 50% full-time equivalent; and
- o Session employees of the legislature.

**PART I (TO BE COMPLETED AND SIGNED BY THE RETIRANT)**

RETIRANT NAME (LAST, FIRST, M.I.)	SOCIAL SECURITY NUMBER XXX-XX-	DAYTIME PHONE
STREET ADDRESS	RETIREMENT DATE	
CITY, STATE, ZIP CODE	PREVIOUS DEPARTMENT _____ PREVIOUS DIVISION _____ <input type="checkbox"/> State of Hawaii <input type="checkbox"/> County of _____ <div style="text-align: right;"><input type="checkbox"/> City and County of Honolulu</div>	
<p>I understand that, as an ERS retirant, I must meet the requirements for employment of a retirant, which are summarized below, during the time I am employed in a position that is excluded from ERS membership (including a labor shortage or difficult-to-fill position). If I do not meet the requirements for employment of a retirant, <b>I will forfeit my entire retirement allowance and health benefits during the period that I am employed by the State or a county after January 1, 2011.</b></p> <p>I also understand that, if I do not meet the requirements for employment of a retirant, I will be required to reimburse the ERS for:</p> <ul style="list-style-type: none"> <li>• Any retirement allowance or other benefits I receive after January 1, 2011 while I am employed by the State or a county, plus 8 per cent annual interest;</li> <li>• Any employee retirement contributions that should have been paid on my compensation after January 1, 2011, plus 8 per cent annual interest; and</li> <li>• Any administrative expenses incurred by the ERS in responding to my employment by the State or a county in violation of the requirements for reemployment of a retirant, to the extent that I am determined to be at fault by ERS.</li> </ul> <p><b><u>Requirements for Employment of a Retirant</u></b></p> <p>I confirm that:</p> <ul style="list-style-type: none"> <li>• I will be employed in a labor shortage or difficult-to-fill position; and</li> <li>• I have not been employed by the State or any county for at least <b>12 consecutive months</b> during the time I have been retired; and</li> </ul>		

- No agreement (verbally or in writing) was made, prior to my retirement, that I would be employed by the State or a county after I retired.

**OR**

- I will be employed in a position that is excluded from ERS membership; and
- I will not be employed in a labor shortage or difficult-to-fill position; and
- I have not been employed by the State or any county for at least **6 consecutive months (from \_\_\_\_\_ to \_\_\_\_\_)** during the time I have been retired; and
- No agreement (verbally or in writing) was made, prior to my retirement, that I would be employed by the State or a county after I retired.

By signing below, I confirm that I understand the Requirements for Employment of a Retirant and that I understand the consequences to me if I do not meet the Requirements for Employment of a Retirant.

\_\_\_\_\_  
**RETIRANT'S SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**

**Warning:** Any person who knowingly furnishes false information to government authorities may be guilty of a misdemeanor, punishable by up to 1 year of imprisonment and/or a \$2,000 fine. Hawaii Revised Statutes § 710-1063.

**PART II (TO BE COMPLETED AND SIGNED BY THE HIRING AGENCY)**

<b>AGENCY NAME</b> Department _____ Division _____ <input type="checkbox"/> State of Hawaii <input type="checkbox"/> County of _____ <input type="checkbox"/> City and County of Honolulu	<b>EFFECTIVE DATE OF HIRE</b>  
<b>AGENCY ADDRESS</b>  	<b>PHONE</b>  
<ul style="list-style-type: none"> <li>• This Agency did not enter into an agreement (verbally or in writing) with the Retirant, prior to the Retirant's retirement, that the Retirant would be reemployed by this Agency.</li> <li>• The Retirant will be employed in:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> A labor shortage or difficult-to-fill position.</li> <li><input type="checkbox"/> A position that is excluded from ERS membership. Basis for exclusion:                                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Short-term or temporary appointment of three months (90 days) or less.</li> <li><input type="checkbox"/> Substitute teacher.</li> <li><input type="checkbox"/> Less than 50% FTE.</li> <li><input type="checkbox"/> Session employee of the legislature.</li> <li><input type="checkbox"/> Other: _____</li> </ul> </li> </ul> </li> </ul>	
_____ <b>HIRING AGENCY CONTACT NAME (PRINT)</b>	
_____ <b>HIRING AGENCY'S SIGNATURE</b>	_____ <b>DATE SIGNED</b>

**Hiring Agency return the completed form within 7 business days from the effective date of hire to:  
Employees' Retirement System, 201 Merchant Street, Suite 1400, Honolulu, HI 96813-2980**