

# Vocational Report

## Section 1 General Instructions

Be sure to read the Important Notice at the bottom of page 5.  
 Print all answers in ink or use a typewriter. If you need more space than is provided to answer a question, attach a separate sheet of paper. If you do not know the answer to a question, print "unknown" in the space provided for the answer. Additional forms may be obtained from the RRB office shown on page 6.  
 If you are completing this form on behalf of someone else, you must answer each question as it applies to **the applicant**.

## Section 2 Identifying Information

Check the information entered by the Railroad Retirement Board (RRB) for Items 1 through 6 for accuracy.

- If the information is correct, **go to Section 3**.
- If the information is not correct, cross out the incorrect information and enter the correct information above it.
- If the information is missing, fill it in.

Employee Identification	1 Employee's Name			
	2 Employee's Social Security Number			
	3 Employee's Railroad Retirement Claim Number, if different from Item 2			
Applicant Identification	4 Applicant's Name			
	5 Applicant's Address ( <i>Include Street Address, City, State, ZIP Code and County</i> )			
	6 Daytime Telephone Number	Area Code	Telephone Number	

## Section 3 Information About Your Work History

Work History	7 List all railroad and nonrailroad jobs you have had in the last 15 years before you stopped working. Include jobs <b>both</b> within and outside the railroad industry. (If you have a 6 <sup>th</sup> grade education or less and performed only heavy unskilled labor for 35 years or more, list all of the jobs you have had since you began to work.) <b>NOTE:</b> If you list only one job in Item 7, <u>do not complete pages 3 and 4</u> . If you have more than 3 jobs to list, continue on another Form G-251.						
		Job Title	Type of Business (Railroad or Nonrailroad)	Dates Worked		Hours per Week	
				From	To		
				MO	YR	MO	YR
		a.					
	b.						
	c.						
Regular Occupation	8 Enter an "X" in the appropriate box: Are you applying for an employee occupational disability annuity?			<input type="checkbox"/> Yes - <b>Go to Item 9</b> <input type="checkbox"/> No - <b>Go to Item 12</b>			
	9 Enter the title of your usual railroad job in the last 5 years.						
	10 Enter the title of your usual railroad job in the last 15 years.						
	11 Enter an "X" in the appropriate box: Which job did you claim as your regular occupation?			<input type="checkbox"/> Job in Item 9 <input type="checkbox"/> Job in Item 10			

Description of Job in Item 7a	12 a. In the job described in Item 7a, did you: (circle all that apply)								
	1 Use machines, tools or equipment of any kind?	2 Use technical knowledge or skills?	3 Do any writing, complete reports, or perform similar duties?	4 Use manipulative skills, i.e., manual dexterity?	5 Have supervisory responsibilities?				
	b. Describe your basic duties (explain what you did and how you did it) below. Also, explain all circled answers in Item 12a by giving a full description of: the type of machines, tools, or equipment you used and the exact operation you performed; the technical knowledge or skills involved; the type of writing you did, and the nature of any reports; the manipulative skills used; and the number of people you supervised and the extent of your supervision. If more space is needed attach a sheet of paper.								
13 a. Environmental Hazards (circle the hazards you were exposed to)									
1 Walking on Uneven Terrain	2 Heights	3 Dangerous Machinery	4 Extremes of Temperature	5 Fumes or Noxious Gases	6 Dust	7 Excessive Noise or Vibration			
b. If you circled any of the hazards in Item 13a, briefly explain your exposure.									
14 Indicate below the kind and amount of physical activity this job involved during a typical 8-hour workday. (The total hours shown should equal 8 hours or the exact number of hours worked daily.)									
a. Circle the number of hours a day spent:									
(1) Standing/walking	0	1	2	3	4	5	6	7	8
(2) Sitting	0	1	2	3	4	5	6	7	8
b. Circle how often a day you had to:									
(1) Bend .....	Never	Occasionally <sup>1</sup>	Frequently <sup>2</sup>	Constantly					
(2) Crouch/Squat.....	Never	Occasionally	Frequently	Constantly					
(3) Kneel.....	Never	Occasionally	Frequently	Constantly					
(4) Reach above shoulder level.....	Never	Occasionally	Frequently	Constantly					
(5) Climb.....	Never	Occasionally	Frequently	Constantly					
• Circle what you climbed.....	Stairs	Vertical ladder	Step ladder						
(6) Push/Pull.....	Never	Occasionally	Frequently	Constantly					
• Briefly explain what and how you pushed and pulled									
c. (1) Name the objects you lift and carry									
(2) Circle how often a day you lift and carry	Never	Occasionally	Frequently	Constantly					
(3) Circle the weight of the objects you lift and carry	<b>Heaviest Weight Lifted</b>								
	10 lbs	20 lbs	50 lbs	100 lbs	Over 100 lbs				
	<b>Weight Frequently Lifted/Carried</b>								
	Up to 10 lbs	Up to 25 lbs	Up to 50 lbs	Over 50 lbs					

<sup>1</sup>Occasionally means occurring from very little up to one-third of a typical workday; cumulative, not continuous.  
<sup>2</sup>Frequently means occurring one-third to two-thirds of a typical workday; cumulative, not continuous.

Description of Job in Item 7b

**Do not complete this page unless you have entered a job title in Item 7b.**

15 a. In the job described in Item 7b did you: (circle all that apply)

- |   |                                      |  |  |                                      |
|---|--------------------------------------|--|--|--------------------------------------|
| 1 Use machines, tools or equipment of any kind? | 2 Use technical knowledge or skills? | 3 Do any writing, complete reports, or perform similar duties? | 4 Use manipulative skills, i.e., manual dexterity? | 5 Have supervisory responsibilities? |
|---|--------------------------------------|--|--|--------------------------------------|

b. Describe your basic duties (explain what you did and how you did it) below. Also, explain all circled answers in Item 15a by giving a full description of: the type of machines, tools, or equipment you used and the exact operation you performed; the technical knowledge or skills involved; the type of writing you did, and the nature of any reports; the manipulative skills used; and the number of people you supervised and the extent of your supervision. If more space is needed attach a sheet of paper.

16 a. Environmental Hazards (circle the hazards you were exposed to)

- |                             |           |                       |                           |                          |        |                                |
|-----------------------------|-----------|-----------------------|---------------------------|--------------------------|--------|--------------------------------|
| 1 Walking on Uneven Terrain | 2 Heights | 3 Dangerous Machinery | 4 Extremes of Temperature | 5 Fumes or Noxious Gases | 6 Dust | 7 Excessive Noise or Vibration |
|-----------------------------|-----------|-----------------------|---------------------------|--------------------------|--------|--------------------------------|

b. If you circled any of the hazards in Item 16a, briefly explain your exposure.

17 Indicate below the kind and amount of physical activity this job involved during a typical 8-hour workday. (The total hours shown should equal 8 hours or the exact number of hours worked daily.)

a. Circle the number of hours a day spent:

(1) Standing/walking	0	1	2	3	4	5	6	7	8
(2) Sitting	0	1	2	3	4	5	6	7	8

b. Circle how often a day you had to:

(1) Bend .....	Never	Occasionally <sup>1</sup>	Frequently <sup>2</sup>	Constantly
(2) Crouch/Squat.....	Never	Occasionally	Frequently	Constantly
(3) Kneel.....	Never	Occasionally	Frequently	Constantly
(4) Reach above shoulder level .....	Never	Occasionally	Frequently	Constantly
(5) Climb.....	Never	Occasionally	Frequently	Constantly
• Circle what you climbed.....	Stairs	Vertical ladder	Step ladder	
(6) Push/Pull.....	Never	Occasionally	Frequently	Constantly
• Briefly explain what and how you pushed and pulled				

c. (1) Name the objects you lift and carry

(2) Circle how often a day you lift and carry	Never	Occasionally	Frequently	Constantly
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(3) Circle the weight of the objects you lift and carry	<b>Heaviest Weight Lifted</b>				
	10 lbs	20 lbs	50 lbs	100 lbs	Over 100 lbs
	<b>Weight Frequently Lifted/Carried</b>				
	Up to 10 lbs	Up to 25 lbs	Up to 50 lbs	Over 50 lbs	

<sup>1</sup>Occasionally means occurring from very little up to one-third of a typical workday; cumulative, not continuous.  
<sup>2</sup>Frequently means occurring one-third to two-thirds of a typical workday; cumulative, not continuous.

Description of Job in Item 7c

**Do not complete this page unless you have entered a job title in Item 7c.**

18 a. In the job described in Item 7c, did you: (circle all that apply)

1 Use machines, tools or equipment of any kind?	2 Use technical knowledge or skills?	3 Do any writing, complete reports, or perform similar duties?	4 Use manipulative skills, i.e., manual dexterity?	5 Have supervisory responsibilities?
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b. Describe your basic duties (explain what you did and how you did it) below. Also, explain all circled answers in Item 18a by giving a full description of: the type of machines, tools, or equipment you used and the exact operation you performed; the technical knowledge or skills involved; the type of writing you did, and the nature of any reports; the manipulative skills used; and the number of people you supervised and the extent of your supervision. If more space is needed attach a sheet of paper.

19 a. Environmental Hazards (circle the hazards you were exposed to)

1 Walking on Uneven Terrain	2 Heights	3 Dangerous Machinery	4 Extremes of Temperature	5 Fumes or Noxious Gases	6 Dust	7 Excessive Noise or Vibration
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b. If you circled any of the hazards in Item 19a, briefly explain your exposure.

20 Indicate below the kind and amount of physical activity this job involved during a typical 8-hour workday. (The total hours shown should equal 8 hours or the exact number of hours worked daily.)

a. Circle the number of hours a day spent:	0	1	2	3	4	5	6	7	8
(1) Standing/walking									
(2) Sitting									

b. Circle how often a day you had to:	Never	Occasionally <sup>1</sup>	Frequently <sup>2</sup>	Constantly
(1) Bend .....	Never	Occasionally	Frequently	Constantly
(2) Crouch/Squat.....	Never	Occasionally	Frequently	Constantly
(3) Kneel .....	Never	Occasionally	Frequently	Constantly
(4) Reach above shoulder level .....	Never	Occasionally	Frequently	Constantly
(5) Climb .....	Never	Occasionally	Frequently	Constantly
• Circle what you climbed.....	Stairs	Vertical ladder	Step ladder	
(6) Push/Pull .....	Never	Occasionally	Frequently	Constantly
• Briefly explain what and how you pushed and pulled				

c. (1) Name the objects you lift and carry					
(2) Circle how often a day you lift and carry	Never	Occasionally	Frequently	Constantly	
(3) Circle the weight of the objects you lift and carry	<b>Heaviest Weight Lifted</b>				
	10 lbs	20 lbs	50 lbs	100 lbs	Over 100 lbs
	<b>Weight Frequently Lifted/Carried</b>				
	Up to 10 lbs	Up to 25 lbs	Up to 50 lbs	Over 50 lbs	

<sup>1</sup>Occasionally means occurring from very little up to one-third of a typical workday; cumulative, not continuous.  
<sup>2</sup>Frequently means occurring one-third to two-thirds of a typical workday; cumulative, not continuous.

**Section 4****Certification**

Certification

21 Enter an "X" in the appropriate box:  
I will have a guardian or other representative sign this report on my behalf.

- Yes – Go to Note and Item 22  
 No – Go to Item 22

**Note:** *If answered "Yes," the guardian or other representative of the applicant must sign this report.*

22 I know that civil and criminal penalties may be imposed on me for false or fraudulent statements, or for withholding information to misrepresent a fact material to determining a right to a payment under the Railroad Retirement Act. I affirm that to the best of my knowledge, the information I have given represents the complete truth.

**Signature**  
(First Name, Middle Initial,  
Last Name)

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**Date**

Month		Day		Year			

23 If this certification is signed by mark ("X") in Item 22, two witnesses who know the person signing must sign below, giving their full addresses.

a. **Signature of Witness**

Address (Number and Street)

City, State, ZIP Code

b. **Signature of Witness**

Address (Number and Street)

City, State, ZIP Code

### PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICE

The Railroad Retirement Board is authorized to collect the information on this form under Section 7(b)(6) of the Railroad Retirement Act. While you are not required to respond, your cooperation is needed to provide information necessary to complete processing of the claim. If you fail to provide us with the requested information, we may be unable to pay you any benefits (as explained in Section 2(a) of the Railroad Retirement Act).

We estimate this form takes an average of 30 to 40 minutes per response to complete, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimate or any other aspect of this form, including suggestions for reducing completion time, to Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-2092.

**Section 5****How to Return Your Report****Before you return your report, check to make sure that:**

- **Every** question that applies to you has been answered.
- You have entered "unknown" in **any** answer space for which you were unable to answer a question.
- You have signed and dated the report.
- You have included **all** the needed proofs listed in the letter you received with this report.

When you received your report, you should have also received a pre-addressed envelope. If you do not have this envelope, you can use any envelope as long as it is addressed to the RRB office shown below. No matter which envelope you use, you must put the correct postage on the envelope. Be careful to provide enough postage because your report may weigh more than a standard letter. The U.S. Postal Service will not deliver your report unless it has the correct postage.

**If you need information or assistance, contact:**

U.S. RAILROAD RETIREMENT BOARD

 TELEPHONE NUMBER:

**If for some reason you cannot contact that office, you should contact:**

U.S. RAILROAD RETIREMENT BOARD  
844 NORTH RUSH STREET  
CHICAGO, ILLINOIS 60611-2092