



UNITED STATES OF AMERICA  
**RAILROAD RETIREMENT BOARD**

Form Approved  
OMB No. 3220-0025

In reply refer to  
Name:  
SS No.:  
Occupation:  
Dept. and Location:

The individual identified above has claimed railroad unemployment insurance benefits.

Please check your payroll or work assignment records for the period shown on the next page, and indicate the employment status of the claimant for each day in the period. For train and engine service employees, please enter in the appropriate box the miles or hours for which the employee was paid. In addition, please answer the following questions.

Has the employee received pay for time lost for days in the period?  YES  NO

Is the employee covered by a wage guarantee?  YES  NO

Instead of completing the next page, you may submit a computer printout or other company records which clearly show the information requested about the employee's daily payroll or employment status. Regardless whether you complete the back of this letter or submit other records, please complete the employer certification and return this letter using the enclosed postage-free envelope. Thank you for your cooperation.

Sincerely,

Enclosure

**PAPERWORK REDUCTION ACT NOTICE**

This notice is given under the Paperwork Reduction Act of 1995. Under section 12(l) of the Railroad Unemployment Insurance Act, the Railroad Retirement Board is authorized to collect the information requested on this form. The information is needed to verify whether the claimant is entitled to unemployment benefits. Your obligation to provide us with the information is voluntary.

We estimate this form takes an average of 15 minutes 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 aspects of this form, including suggestions for reducing completion time, to the Chief of Information Management, Railroad Retirement Board, 844 N. Rush St., Chicago, IL 60611-2092.

ID-49R (01-01)

Name:

SS No.:

PLEASE USE THE CODES BELOW AND ENTER THE WORK STATUS IN THE APPROPRIATE BOX FOR EACH DAY

FROM TO

D - DISCHARGED  
 W - WORKED  
 MC - MISSED CALL  
 N - NO WORK AVAILABLE (FURLOUGHED)  
 MO - MARKED OFF

P - OFF BY PERMISSION - EXPLAIN  
 R - REFUSED WORK  
 S - SICK  
 V - VACATION OR HOLIDAY PAY

| DAYS OF MONTH | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1             |     |     |     |     |     |     |     |     |     |     |     |     |
| 2             |     |     |     |     |     |     |     |     |     |     |     |     |
| 3             |     |     |     |     |     |     |     |     |     |     |     |     |
| 4             |     |     |     |     |     |     |     |     |     |     |     |     |
| 5             |     |     |     |     |     |     |     |     |     |     |     |     |
| 6             |     |     |     |     |     |     |     |     |     |     |     |     |
| 7             |     |     |     |     |     |     |     |     |     |     |     |     |
| 8             |     |     |     |     |     |     |     |     |     |     |     |     |
| 9             |     |     |     |     |     |     |     |     |     |     |     |     |
| 10            |     |     |     |     |     |     |     |     |     |     |     |     |
| 11            |     |     |     |     |     |     |     |     |     |     |     |     |
| 12            |     |     |     |     |     |     |     |     |     |     |     |     |
| 13            |     |     |     |     |     |     |     |     |     |     |     |     |
| 14            |     |     |     |     |     |     |     |     |     |     |     |     |
| 15            |     |     |     |     |     |     |     |     |     |     |     |     |
| 16            |     |     |     |     |     |     |     |     |     |     |     |     |
| 17            |     |     |     |     |     |     |     |     |     |     |     |     |
| 18            |     |     |     |     |     |     |     |     |     |     |     |     |
| 19            |     |     |     |     |     |     |     |     |     |     |     |     |
| 20            |     |     |     |     |     |     |     |     |     |     |     |     |
| 21            |     |     |     |     |     |     |     |     |     |     |     |     |
| 22            |     |     |     |     |     |     |     |     |     |     |     |     |
| 23            |     |     |     |     |     |     |     |     |     |     |     |     |
| 24            |     |     |     |     |     |     |     |     |     |     |     |     |
| 25            |     |     |     |     |     |     |     |     |     |     |     |     |
| 26            |     |     |     |     |     |     |     |     |     |     |     |     |
| 27            |     |     |     |     |     |     |     |     |     |     |     |     |
| 28            |     |     |     |     |     |     |     |     |     |     |     |     |
| 29            |     |     |     |     |     |     |     |     |     |     |     |     |
| 30            |     |     |     |     |     |     |     |     |     |     |     |     |
| 31            |     |     |     |     |     |     |     |     |     |     |     |     |

EMPLOYER CERTIFICATION: THE INFORMATION IN THIS REPORT IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
 SIGNATURE TITLE DATE

TELEPHONE NO. ( ) \_\_\_\_\_