CURRENT

FORM APPROVED O.M.B. NO. 3220-0079

CLAIMANT'S STATEMENT	Social Security Number				
VOLUNTARY LEAVING OF WORK	Name				
PAPERWORK REDUCTIO	N/PRIVACY ACT NOTICE				
The information requested on this form is needed to determine whether unemployment benefits are payable to you for days after you left work voluntarily. Under the Railroad Unemployment Insurance Act (RUIA), an employee is disqualified from receiving unemployment benefits beginning with the date he or she leaves work voluntarily. The disqualification does not end until the employee has sufficient railroad earnings to again qualify for benefits. However, if the employee's leaving was with good cause, the disqualification does not prevent payment of benefits unless the employee could receive state unemployment benefits or unemployment benefits under a law other than the RUIA.					
The Railroad Retirement Board's authority for requesting this information is Section 5(b) of the RUIA. Although you are not required to provide this information, if you fail to do so, we will not be able to pay you benefits.					
We estimate this form takes an average of 15 minutes to complete, including the time for 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 the completion time, to the Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush St., Chicago Illinois 60611-2092.					
PRINT ALL ANSWERS IN INK OR USE A TYPEWRITER.					
SECTION 1 - INFORMATION ABOUT THE JOB YOU	JLEFT				
Name and Address of Employer	(1) Job Title	(2) Rate of Pay			
	(3) Date Started Work	(4) Date Last Worked			
	(5) Immediate Supervisor's Name/Telephone Number				
Telephone Number ()	()				
B. Description of Job					
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C. Reason(s) for Leaving (Please provide a detailed exp	planation.)				
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SECTION 2 – INFORMATION ABOUT YOUR OTHER WORK					
Show below all your work <i>outside the railroad industry</i> in the last two years. If you need more space than is provided, attach a separate sheet of paper. If you had no other employment, write "None" in box A, below, and go to Section 3 .					
Name of Frances	Employer's Location (City and State)	Dates of Employment			
Name of Employer (Company or Person)		From (Month/Year)	To (Month/Year)	Reason for Leaving	
A			· · · · · · · · · · · · · · · · · · ·		
В.					
C					
SECTION 3 – INFORMATION ABOUT OTHER UNEMPLOYMENT BENEFITS					
The following questions are about state unemployment benefits and unemployment benefits under any law other than the Railroad Unemployment Insurance Act.					
A. Have you claimed any such benefits a the date you left work voluntarily? If "give the name, address, and telephon number of the office at which you claim benefits. If denied these benefits, attacopy of the notice or decision from the State unemployment office at which you applied.	Yes," e med ach a No	Name, Address, and Telephone Number ()			
3. If you have not claimed such benefits, do you have the qualifying work to receive these benefits? Yes No					
C. Have you exhausted your rights to such benefits?					
SECTION 4 – CERTIFICATION					
I understand that civil and criminal penalties may be imposed on me for false or fraudulent statements, or for withholding information in order to receive benefits. I certify that to the best of my knowledge, the information I have given is true, complete, and correct.					
Signature			Date		
Return this form to:					
U.S. RAILROAD RETIREMENT BOARD					
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