

SUPPLEMENTAL REPORT OF SERVICE AND COMPENSATION	SOCIAL SECURITY NUMBER 123-45-6789
	EMPLOYEE'S NAME (FIRST, MIDDLE, LAST) I M Claimant
EMPLOYER / BA #	OCCUPATION
DEPARTMENT	LOCATION
PAYROLL NAME, IF DIFFERENT THAN SHOWN ABOVE	

Completion of this report is required under provisions of section 5(b) of the Railroad Unemployment Insurance Act (RUIA). The purpose of the report is to obtain service and compensation information needed to determine eligibility for benefits under the RUIA. Failure to complete this report can result in a fine or imprisonment or both (45 USC 359).

EMPLOYER'S REPORT

<p>PLEASE FURNISH THE INFORMATION REQUESTED BY THE BOXES CHECKED BELOW:</p> <p><input type="checkbox"/> SERVICE MONTHS Verify whether the employee worked or was paid compensation for the months checked. Enter "C" for each month that service is verified.</p> <p><input type="checkbox"/> SERVICE MONTHS AND COMPENSATION FOR YEAR(S): Enter the amount of the employee's compensation for each month worked or where pay was otherwise received. Do not include compensation over the monthly amount shown.</p> <p><input type="checkbox"/> RATE OF PAY FOR LAST DAY WORKED IN CALENDAR YEAR: _____ PER _____ AMOUNT (HOUR, DAY, MONTH, ETC.)</p>	<p style="text-align: center;">DO NOT INCLUDE MONTHLY COMPENSATION</p> <p>OVER \rightarrow _____</p> <p>YEAR \rightarrow _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>JAN</td><td></td><td></td><td></td><td></td></tr> <tr><td>FEB</td><td></td><td></td><td></td><td></td></tr> <tr><td>MAR</td><td></td><td></td><td></td><td></td></tr> <tr><td>APR</td><td></td><td></td><td></td><td></td></tr> <tr><td>MAY</td><td></td><td></td><td></td><td></td></tr> <tr><td>JUN</td><td></td><td></td><td></td><td></td></tr> <tr><td>JUL</td><td></td><td></td><td></td><td></td></tr> <tr><td>AUG</td><td></td><td></td><td></td><td></td></tr> <tr><td>SEP</td><td></td><td></td><td></td><td></td></tr> <tr><td>OCT</td><td></td><td></td><td></td><td></td></tr> <tr><td>NOV</td><td></td><td></td><td></td><td></td></tr> <tr><td>DEC</td><td></td><td></td><td></td><td></td></tr> <tr><td>TOTAL COMPENSATION</td><td></td><td></td><td></td><td></td></tr> </table>	JAN					FEB					MAR					APR					MAY					JUN					JUL					AUG					SEP					OCT					NOV					DEC					TOTAL COMPENSATION				
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<p>RETURN THIS FORM TO:</p> <p style="text-align: center;">RAILROAD RETIREMENT BOARD SICKNESS AND UNEMPLOYMENT BENEFITS SECTION PO BOX 10695 CHICAGO, ILLINOIS 60610-0695</p>	<p>SIGNATURE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">TITLE</td> <td style="width:30%;">DATE</td> </tr> </table> <p>REMARKS</p>	TITLE	DATE
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PAPERWORK REDUCTION ACT NOTICE

We estimate this form takes an average of 8 minutes to complete, including the time for reviewing the instructions, obtaining 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 Chief of Information Management, Railroad Retirement Board, 844 North Rush Street, Chicago Illinois 60611-2092.