

Social Security Administration

Retirement, Survivors and Disability Insurance

Supplemental Security Income

Claimant's name

Claim Number:

Address:

Address:

Employer Name

Address

Address

Dear Sir or Madam:

We are writing to you about _____ . Please assist us by completing the enclosed questionnaire. We are requesting this information in order to determine whether _____ work activity is/was subsidized under the Social Security rules. The information you provide will not be shared with other agencies and is in no way a negative reflection on the employee, or you as the employer.

Information About Subsidy

A subsidy exists when an employer willingly pays more in wages than the value of the actual services performed. This is usually for humanitarian reasons. A subsidy can be reflected by giving the employee:

- extra assistance,
- full wages for lower quality or quantity than standard, or
- fewer and/or easier duties than usual for that position.

Information about Unsuccessful Work Attempt

An unsuccessful work attempt may exist if the employee had frequent absences, performed unsatisfactorily, and worked for six months or less.

What We Need You To Do

Please have _____ direct supervisor or another person having direct knowledge of the employee's work activity complete the work activity questionnaire.

We would appreciate it if you would complete, sign and return the questionnaire to this office within 7 days using the enclosed envelope. If you have any questions, or if you would rather provide this information over the telephone, please call _____ and ask for _____.

Thank you for your time and assistance.

Manager/Adjudicator Name

Position title

PRIVACY ACT/PAPERWORK REDUCTION ACT NOTICE

We are authorized to collect the information on this form under sections 221, 223(d)(4), 1612(b)(4) and 1614(a)(3)(D) of the Social Security Act. We need the information to make a decision on your employee or former employee's claim. Giving us the information on this form is voluntary. However, if you do not give us part or all of the information, this person may lose benefits.

We give out the facts on this form without your consent only in certain situations that are explained in the Federal Register. For example, we must give out this information if Federal law requires us to, if your Congressman or Senator needs the information to answer questions you ask them, or if the Justice Department needs it to investigate and prosecute violations of the Social Security Act.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

These and other reasons why information about you may be used or given out are explained in the Federal Register. If you want to learn more about this, contact any Social Security office.

The information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number.

Time It Takes To Complete This Form

We estimate that it will take you about 15 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. If you have comments or suggestions on this estimate, write to the Social Security Administration, 1338 Annex Building, Baltimore, MD 21235-6401. ATTN: Reports Clearance Officer. Only comments relating to our time estimate should be provided, not the completed form.

WORK ACTIVITY QUESTIONNAIRE

Business Name: _____

Job Title: _____

Hourly Wage _____ Hours per Week _____

Date Work Started _____ Date Work Stopped _____

Section 1

1. Does the employee complete all the usual duties required for his/her position? Yes
 No

2. Is the employee able to complete all of the job duties without special assistance? Yes
 No

3. Does the employee regularly report for work as scheduled? Yes
 No

4. On average, does the employee complete his/her work in the same amount of time as employees in similar positions? Yes
 No

5. Please indicate the type(s) of special assistance, if any, the employee receives on the job that is not regularly given to other employees. (Check all that apply.)

<input type="checkbox"/> Fewer or easier duties	<input type="checkbox"/> Lower production standards
<input type="checkbox"/> Irregular hours	<input type="checkbox"/> Extra help/supervision
<input type="checkbox"/> Special transportation	<input type="checkbox"/> Lower quality standards
<input type="checkbox"/> Less hours	<input type="checkbox"/> Frequent absences
<input type="checkbox"/> More breaks/rest periods	<input type="checkbox"/> Special Equipment
<input type="checkbox"/> Frequent absences	

6. Based on the information above, approximately how would you rate the productivity of the employee compared to other employees in similar positions and similar pay rates?

- 50% or less of other employees' productivity
- 60% of other employees' productivity
- 70% of other employees' productivity
- 80% of other employees' productivity
- 90% of other employees' productivity
- 100% of other employees' productivity

7. Are you paying the employee more per hour than you would another employee in a similar position?

- Yes
- No

If Yes, what would you pay another employee in a similar position per hour?
\$ _____

Section 2

Unsuccessful Work Attempt

- 1. Was the person frequently absent from work? Yes
 No

- 2. Did the person do the work under special conditions such as with extra help/supervision, fewer/easier duties, frequent rest periods, or lower production? Yes
 No

- 3. Was the person's work satisfactory when compared to another employee who worked in a similar position? Yes
 No

Section 3

(Signature and Title)

(Date)

(Telephone Number)