## SCHOOL ATTENDANCE AND AVAILABILITY QUESTIONNAIRE

## **INSTRUCTIONS**

Print all answers in ink as neatly as possible. If you need more space for answers, attach a separate sheet of paper identified with your name and social security number. If you do not know the answer to a question, print "UNKNOWN" in the answer space. If you do not understand this form or need help to complete it, contact the RRB office shown below.

Complete Items 1 through 12 of this form unless the instructions tell you to "Go to" another item. Do not skip items unless instructed to skip. Stop after completing Item 13.

If this form was mailed to you, return it using the enclosed preaddressed envelope. If you do not have the envelope, mail the form with sufficient postage to the following office of the U.S. Railroad Retirement Board:

## Paperwork Reduction Act/Privacy Act Notices

This notice is given under the Paperwork Reduction Act of 1995 and the Privacy Act of 1974. Under section 12(1) of the Railroad Unemployment Insurance Act, the RRB is authorized to collect the information requested on this form. The information will be used to determine your availability for work, and your eligibility for benefits. While you are not required to provide us with this information, your failure to do so may prevent us from paying you additional benefits.

We estimate this form takes an average of 6 to 10 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 the completion time to Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-2092.

| UNITED STATES OF AMERICA<br>RAILROAD RETIREMENT BOARD              |              |                                    |            | FORM APPROVED<br>OMB NO.3220-016 |
|--|--------------|------------------------------------|------------|----------------------------------|
|  | SOCIAL SEC   | URITY NUMBER                       |            |                                  |
| SCHOOL ATTENDANCE AND AVAILABILITY QUESTIONNAIRE                   | NAME (First, | NAME (First, Middle Initial, Last) |            |                                  |
|  |              |                                    |            |                                  |
| SECTION 1  | - SCHOOL II  | NFORMATION                         |            |                                  |
| 1. a. Are you now attending school or are  Yes - Complete Item 1b. | -            |                                    | the next 6 | 3 months?                        |
| b. NAME OF SCHOOL:   |              |                                    |            |                                  |
| LOCATION:  |              |                                    | _          |                                  |
| COURSE OF STUDY:   |              |                                    |            | <u>.</u>                         |
| DATE SCHOOL BEGINS:  |              |                                    |            |                                  |
| DATE SCHOOL ENDS:  |              | . <del></del>                      |            |                                  |
| What are your present class hours?                                 |              |                                    |            |                                  |
| FROM   |              |                                    | <u>TO</u>  |                                  |
| A.M.  Monday Tuesday Wednesday Thursday Friday Saturday            | P.M.         | A.M.<br>                           |            | P.M.                             |
| How far do you reside from school?                                 | m            | iles.                              |            |                                  |

claiming benefits?

4. Are you willing to quit school at once to accept full-time work with your last railroad employer, other railroad employer, or nonrailroad employer? 

Yes 

No - Explain below.

5. a. Has your school attendance prevented you from accepting any full-time job since you began

| J. D.        | Yes No - Go to Item 6.   | to refuse a call to work of to files a call to work:                           |  |  |  |
|--------------|--|--|--|--|--|
| C.           |  | occurred and explain the circumstances in detail.                              |  |  |  |
|              | Enter the amount you paid for tuition and boo  | oks for the present semester or term. \$                                       |  |  |  |
| c.<br>7. Do  | b. Enter the date this amount was paid.  c. Enter how much of this amount you could recover if you quit school now. \$ |  |  |  |  |
|              | SECTION 2 – PROSE  | PECTS FOR EMPLOYMENT   |  |  |  |
| 3. а.        | Enter when you expect to return to work.   | If unknown, estimate   |  |  |  |
| b.           | •  | ays, enter the name and address of your expected                               |  |  |  |
|              | st the names and addresses of employers wates of application. Use the back of this form                                | whom you have contacted for full-time work and the m, if necessary.            |  |  |  |
|              | DATE APPLIED   | NAME AND ADDRESS OF EMPLOYER   |  |  |  |
|              |  |  |  |  |  |
| 0            | Nould you work a regular full-time job for on offering suitable work and continue your sch                             | ne of the above employers or any other employer nool attendance while working? |  |  |  |
| ļ,<br>-<br>- | Yes - Explain below. No  |  |  |  |  |

|          | SECTION 3 – PREVIOUS EMPLOYMENT/REMARKS    |   |  |  |  |
|----------|--|---|--|--|--|
| 11.      | Hav  | ve you previously worked full-time while attending school?  |  |  |  |
|          |  | Yes - Complete Items 11a-f.  No - Go to Item 12.  |  |  |  |
|          | a.   | Name and address of employer:   |  |  |  |
|          | b.   | How many hours per week did you work?   |  |  |  |
|          | C.   | What months and years were you so employed?   |  |  |  |
|          | d.   | How many credit hours did you carry in school at the time?  |  |  |  |
|          | e. How many credit hours do you carry now? |   |  |  |  |
|          | f.   | What caused the previous work-school situation to end?  |  |  |  |
| 12.      | Re   | marks (include any other information you wish to add):  |  |  |  |
| 13.      | BC<br>UN                                   | SECTION 4 – CERTIFICATION  SERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND DIMPLETE. I KNOW THAT I MUST IMMEDIATELY REPORT TO THE RAILROAD RETIREMENT DARD ANY CHANGES WHICH MIGHT AFFECT MY ENTITLEMENT TO BENEFITS. IN IDERSTAND THAT A SUBSTANTIAL PENALTY MAY BE IMPOSED ON ME FOR FALSE OR FAUDULENT STATEMENTS OR CLAIMS. |  |  |  |
| SIG      | SNAT                                       | URE DATE SIGNED   |  |  |  |
| th<br>in | is fo<br>tervi                             | HERE. Item 13 is the last item for you to complete on this form. Take time now to go back over rm to make sure you answered each item accurately and completely. If you are about to be ewed, give this form to the RRB representative who will interview you. If you received this form it, return it in the enclosed preaddressed envelope.         |  |  |  |
|          |  |   |  |  |  |
|          | F  | OR BOARD USE ONLY   |  |  |  |
|          | In   | terviewed by:   |  |  |  |
|          | R  | emarks:   |  |  |  |
|          |  |   |  |  |  |