

EMPLOYEE REPRESENTATIVE'S STATUS REPORT <i>(SEE INSTRUCTIONS FOR COMPLETING AND MAILING THIS FORM ON REVERSE SIDE)</i>		1. SOCIAL SECURITY NO.		
		2. NAME (Last Name, First Name, and Middle Initial)		
The information furnished on this form is used to determine if an individual qualifies as an employee representative as prescribed in Section 1(c) of the Railroad Retirement Act (RRA). The Railroad Retirement Board's (RRB) authority for requesting this information is Section 7(b)(6) of the RRA. Although you are not required to furnish this information, the RRB will be unable to determine the individual's qualifications for serving as an employee representative unless you complete and return this form.		3. ADDRESS		
		4. Enter an "X" in the applicable box below: (a) <input type="checkbox"/> I am an officer or official representative of a railway labor organization (other than an "employer" under the Railroad Retirement Act) who is duly authorized and designated to represent employees in accordance with the Railway Labor Act, as amended. (b) <input type="checkbox"/> I am an individual regularly assigned to or regularly employed by an officer or official representative in connection with the duties of the office. (If this box is "X'd" do not answer Items 5, 6, and 13.)		
5. I was authorized to represent employees in negotiating with employers by: Election <input type="checkbox"/> Appointment <input type="checkbox"/> on _____, for the period from _____ to _____ <div style="display: flex; justify-content: space-between; width: 100%;"> DATE DATE DATE </div>				
6. NAME OF EMPLOYEE GROUP REPRESENTED		7. TITLE OF POSITION		
8. NAME OF RAILWAY LABOR ORGANIZATION SERVED		9. NAME OF SUBORDINATE LODGE OR DIVISION OF RAILWAY LABOR ORGANIZATION SERVED		
10. DUTIES OF EMPLOYEE REPRESENTATIVE				
11. CHIEF OFFICER OF RAILWAY LABOR ORGANIZATION		(c) ADDRESS		
(a) NAME				
(b) TITLE		(c) ADDRESS		
12. HEADQUARTERS' RECORDS OFFICER				
(a) NAME		(c) ADDRESS		
(b) TITLE				
13. NAME OF LAST RAILROAD OR OTHER EMPLOYER UNDER THE RAILROAD RETIREMENT ACT BY WHICH YOU WERE EMPLOYED				
14. KNOWING THAT ANYONE WHO MAKES A FALSE OR FRAUDULENT STATEMENT FOR THE PURPOSE OF OBTAINING BENEFITS FROM THE RRB IS COMMITTING A CRIME PUNISHABLE UNDER FEDERAL LAW, I CERTIFY THAT THE INFORMATION IS TRUE, CORRECT, AND COMPLETE.				
SIGNATURE OF EMPLOYEE REPRESENTATIVE		TELEPHONE NUMBER	FACSIMILE NUMBER	DATE SIGNED

INSTRUCTIONS FOR FILING FORM DC-2a

Individuals filing for status as an employee representative are required to complete and submit an employee representative's status report to Assessment and Training, Compensation and Employer Services Center, 844 North Rush Street, Chicago, Illinois 60611-2092.

Complete Form DC-2a as follows:

Item

1. Enter your social security number.
2. Enter your last name, first name, and middle initial.
3. Enter either your business or home address.
4. Enter an "X" in the box which indicates the basis for your employee representative status. If block (b) is "X'd," make no entries in Items 5, 6, and 13.
5. **If Item 4(a) is "X'd," this item must be completed.** Enter an "X" in the box which indicates whether you were elected or appointed to your position; enter the date of your election or appointment; enter the dates of your appointment.
6. **If Item 4(a) is "X'd," this item must be completed.** Enter the name of the class, craft, or other group you are authorized to represent.
7. Enter the title of your position as an employee representative.
8. Enter the full name of the railway labor organization which you serve, or the name of the railway labor organization of which your subordinate lodge or division is a part.
9. Enter the full name of the subordinate lodge or division of the railway labor organization which you serve, if any.
10. Enter your duties as an employee representative, by reference to articles of constitution by-laws, or otherwise, state clearly your working hours, wages, and working conditions. If you are an employee representative regularly assigned to or regularly employed by **another employee representative**, describe your duties and enter the full name and title of the employee representative to whom you are assigned, or by whom you are employed.
11. Enter on the appropriate line (a), (b), and (c) the name, title, and complete address of the chief officer of your labor organization.
12. Enter on the appropriate line (a), (b), and (c) the name, title, and complete address of the officer in charge of the headquarters' records. **If this is the same officer as shown in Item 11, make no entry.**
13. **If Item 4(a) is "X'd," this item must be completed.** Enter the full name of the last railroad or other covered employer by which you were employed prior to the beginning of the period covered by this report.
14. Enter your signature, telephone number, facsimile number (if applicable), and the date signed.

PAPERWORK REDUCTION ACT NOTICE

We estimate this form takes an average of 15 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 completion time, to: Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-2092.