



UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

Form Approved
OMB No. 3220-0193

October 10, 2006

JOB INFORMATION FORM

RRB Claim Number:

Employee Name:

Date Released:

Regular Railroad Occupation*:

Location:

Date Last Worked:

* The regular railroad occupation is: 1) the occupation in which the employee has been engaged for more calendar months than any other occupation during the last preceding 5 calendar years, whether consecutive or not; or 2) the occupation which the employee has been in service for not less than one-half of all months in which the employee has been engaged in service during the last 15 consecutive calendar years; or 3) if an employee last worked as an officer or employee of a railway labor organization and if that employment is no longer available, the regular occupation shall be the position to which the employee holds seniority rights or the position left to work for the railway labor organization.

The above-named railroad employee has applied for an occupational disability benefit under section 2(a)(iv) of the Railroad Retirement Act. Railroad Retirement Board (RRB) regulation 20 CFR 220.13 (b)(2) provides that railroad employers may furnish pertinent information concerning the job duties the employee is required to perform. If you wish to provide job duty information on the above-named employee, it must be received by the RRB no later than

EMPLOYER INFORMATION

The enclosed list of job duties indicates those duties generally performed by the employee.

Please provide any additional information on the duties the employee performed over the last 5 years, or 15 years if appropriate.

This information can be entered in the Remarks section or attached to this form.

Job information should be sent to:

U.S. RAILROAD RETIREMENT BOARD
844 NORTH RUSH STREET
CHICAGO, ILLINOIS 60611-2092
ATTENTION: DISABILITY BENEFITS DIVISION

or a facsimile may be sent to (312) 751-7167.

Employer Certification - The information contained in this report is correct to the best of my knowledge and belief.	
NAME _____ (Please Print)	SIGNATURE _____
TITLE _____ (Please Print)	DATE ____ / ____ / ____
TELEPHONE NO (____) _____	
Remarks:	

Enclosure

Paperwork Reduction Act Notice

Section 7 (b)(6) of the Railroad Retirement Act (RRA) allows the Railroad Retirement Board (RRB) to collect this information. While you are not required to respond, the information you provide will be used by the RRB in determining an applicant's eligibility for an occupational disability under the RRA.

We estimate this form takes an average of 20 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.