

United States of America Railroad Retirement Board Form Approved OMB No. 3220-0057

REPORT OF STATE EMPLOYMENT SERVICE (PART B)

Name		SS No.	
The applicant identified above is being directed to you for referral to suitable employment. Before the applicant leaves your office, complete Item 1 on the previous page and return only that page to the applicant.			
Α.	Keep this page with the individual's application for employment. To notify us of what action was taken, check the appropriate box below then go to Item B .		
	NOTE: If you check (1), (2), (3), or (4), also enter the Employer, Location, Job Title, Duration, and Rate of Pay, then go to Item B .		
	(1) Placed (2) Refused Referral (3) Apply to Employe		Failed to i) Respond to Call-In
	Employer: Lo	ocation:	
	Job Title: D	uration:	Rate:
В.	SES Representative's Signature, Date, and Stamp		
	SES Representative Da	te of Action	SES Local Office Stamp
C.	. Return this page in the postage paid envelope provided to:		
U.S. RAILROAD RETIREMENT BOARD			
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PAPERWORK REDUCTION ACT/PRIVACY ACT NOTICE

The Railroad Retirement Board (RRB) is authorized to collect the information on this form under section 5(b) of the Railroad Unemployment Insurance Act. Although you are not required to furnish this information, your cooperation in doing so will assist the RRB in determining the continued eligibility of the individual named on this form to receive unemployment benefits.

We estimate this form takes 1.5 minutes to complete, including the time needed 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 N. Rush Street, Chicago, IL 60611-2092.