

RAILROAD JOB INFORMATION	Employee Name	
	Last 4 Digits of Social Security Number XXX-XX-####	
	Regular Railroad Job Position or Occupation	
	Location	
	Date Sent	Date Last Worked

Section 1 Completion Instructions

The above named railroad employee has applied for an occupational disability benefit under Section 2(a)(1)(iv) of the Railroad Retirement Act (45 U.S.C. § 231a(a)(1)(iv)). In order to receive an occupational disability benefit, an eligible employee must be found to be disabled from work in his or her regular railroad occupation because of a permanent physical or mental impairment. Railroad Retirement Board (RRB) regulations provide that the Board shall consider the employer's description of the physical requirements and environmental factors relating to the employee's regular railroad occupation. See 20 CFR 220.13(b)(2)(iv)(E). To assist the RRB with making an accurate disability determination, it is imperative that you read the instructions below and timely complete and return this form to the RRB **within 30 days** of the Date Sent, as shown above.

- Check the information entered above by the RRB for accuracy. If the information is not correct, cross it out and enter the correct information above it.
- Complete all of the items below describing the applicant's job. 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. If more space is needed for any item, use Section 9, Remarks, or attach a separate sheet of paper showing the employee's name and the last four digits of their social security number. Be sure to indicate the item number at the beginning of the answer you wish to continue.
- Provide any additional information on the duties the employee performed **within the last 5 or 15 years** if appropriate.

Section 2 Disqualification Information

Check here if the applicant **has been medically disqualified** for work by your railroad. If medically disqualified, send all applicable documentation to the Railroad Retirement Board, along with Form G-3EMP, *Report of Medical Condition by Employer*. (**Do not** check the box if a medical disqualification is in progress, but not yet finalized; check only if the disqualification has been made.)

If the box is checked, **do not** complete Sections 3-9 below, and **go to** Section 10.

Section 3 Summary of Duties

Describe the essential duties of the position or occupation named above. In that description include technical knowledge or skills involved; any handwritten or typed reports to be completed; any manipulative (manual dexterity) skills used; any driving and/or operating of machinery; and any supervisory responsibilities.

Section 4 Machinery, Tools, Equipment

List machinery, tools, and equipment used.

Section 5 Environmental Conditions

Describe the environmental conditions of the position named above (i.e., working outdoors, indoors, or both; uneven terrain; heights; temperature/humidity extremes; etc.).

Section 6 Job Accommodations

Describe any permanent accommodation(s) given (e.g., job duties, hours of work, hours of overtime, attendance, etc.) and the start and end dates for each accommodation. If there is not an end date for the accommodation, enter "N/A."

If no permanent accommodations were given check "None" and **go to Section 7.** ⇨ None

Yes	No		From		To	
			Month	Year	Month	Year
<input type="checkbox"/>	<input type="checkbox"/>	Job Duties ▶				
<input type="checkbox"/>	<input type="checkbox"/>	Hours of Work ▶				
<input type="checkbox"/>	<input type="checkbox"/>	Hours of Overtime ▶				
<input type="checkbox"/>	<input type="checkbox"/>	Attendance ▶				
<input type="checkbox"/>	<input type="checkbox"/>	Other ▶				

Section 7 **Sensory Requirements**

Complete the sensory requirements for the position named above. If no requirements are applicable check "Not Applicable" and **go to Section 8.** ⇨ Not Applicable

A) Vision – Describe visual requirements, such as visual perception with or without eyeglasses or contact lenses; near or far acuity; color vision; field of vision; depth perception, etc. If there are no visual requirements check "None" and **go to Item 7B.** ⇨ None

B) Hearing – Describe auditory requirements, such as hearing with or without a hearing aid; hearing verbal communication from others; hearing alarms, signals; etc. If there are no auditory requirements, check "None" and **go to Item 7C.** ⇨ None

C) Speech – Describe verbal requirements, such as speaking verbal commands loudly, accurately, and quickly; using phone or two-way radio; speaking public announcements, etc. If there are no verbal requirements, check "None" and **go to Section 8.** ⇨ None

Section 8 **Physical Actions**

A) Check the number of hours a day spent:
1. Standing/walking
2. Sitting

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

B) Indicate in the chart below, the amount of time and a description of the physical action or activity involved during a typical 8-hour workday. Use the “Descriptive Comments” column to notate “N/A” if an action listed below does not apply, or if you want to provide specific details on the amount of time an action is performed. If more space is needed for any item, use Section 9, Remarks.

Action	Amount of Time				Descriptive Comments
	Never	¹ Occasionally (Up to 1/3)	² Frequently (1/3 to 2/3)	Constantly	
1. Balancing (With or without equipment in all weather conditions and on any surface, including uneven terrain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Twisting/Turning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Crouching/Squatting/Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Reaching above shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Climbing (Indicate what is climbed such as stairs, ladder, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Pushing/Pulling (Indicate what and how the employee pushed or pulled)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Crawling under equipment to view, inspect, or repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Gripping/Holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Foot Control (Shifting of feet when using pedals, brakes, clutch, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Fine manipulation (Fingering; keypunch; keyboard; pressing buttons; picking/pinching/turning knobs; etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. a. Lifting/Lowering/Carrying (Indicate the objects the employee lifted/lowered/carried)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Check the weight of the objects the employee lifted/lowered/carried.	Heaviest Weight Lifted				
	<input type="checkbox"/> 10 lbs <input type="checkbox"/> 20 lbs <input type="checkbox"/> 50 lbs <input type="checkbox"/> 100 lbs <input type="checkbox"/> Over 100 lbs				
Weight Most Often Lifted/Carried					
<input type="checkbox"/> Up to 10 lbs <input type="checkbox"/> Up to 25 lbs <input type="checkbox"/> Up to 50 lbs <input type="checkbox"/> Over 50 lbs					

¹ Occasionally means occurring from very little up to one-third (approx. 2-1/2 hours) of an 8-hour workday; cumulative, not continuous.
² Frequently means occurring one-third (approx. 2-1/2 hours) to two-thirds (approx. 5 hours) of an 8-hour workday; cumulative, not continuous.

Section 9 **Remarks**

This section is to be used for the continuation of answers to other items. Be sure to include the section and item number at the beginning of the answer you wish to continue. You may also use this section to enter any additional information that you feel may be important to include.

Section 10 **Employer Certification**

I know that it is a federal crime to make a false or fraudulent statement to the Railroad Retirement Board (RRB). I certify that the information I gave the RRB on this form is true to the best of my knowledge.

NAME: _____ SIGNATURE: _____
 (Please Print or Type)

TITLE: _____ DATE: _____
 (Please Print or Type)

TELEPHONE NO () _____

Call our toll-free number at 1-877-772-5772 with any questions on filling out this form.

Return this completed form to:

U.S. RAILROAD RETIREMENT BOARD
 844 NORTH RUSH STREET
 CHICAGO, ILLINOIS 60611-1275
 ATTENTION: DISABILITY BENEFITS DIVISION

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

Paperwork Reduction Act Notice

The Railroad Retirement Board is authorized to collect the information on this form under Section 7(b)(6) of the Railroad Retirement Act. The railroad job information is required to help determine if the employee identified above is eligible for a disability. 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 60 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 60611-1275.