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(I) 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.

SCHOOL ATTENDANCE AND AVAILABILITY QUESTIONNAIRE

SOCIAL SECURITY NUMBER				
NAME (First, Middle Initial, Last)				

l. a	ì.	-	-	are you planning to atter No - Go to Item 13.	nd school within the	next 6 months?		
			note item is.					
b) .	NAME OF SCH	100L:					
		LOCATION: _	····					
		COURSE OF STUDY:						
		2,112 0011001						
. V	۷h	at are your pres	sent class hours?					
			FRO	<u>DM</u>		<u>TO</u>		
			A.M.	P.M.	A.M.	P.M		
		Monday			***************************************	***************************************		
		Tuesday	MANAGEMENT	MARK				
		Wednesday Thursday						
		Friday		***************************************				
		Saturday				***************************************		
	l	for do vou soo	داه حدده مداد	:				
. г	יטו	w iai do you ies	ide irom school? _	miles				
. <i>p</i>	۱re	you willing to q	uit school at once t	to accept full-time work	with your last railroa	d employer,		
0	th	ther railroad employer or nonrailroad employer?						
-								

		DATE APPLIED	NAME AND ADDRESS OF EMPLOYER
9.		the names and addresses of employers of application. Use the back of this fo	ers whom you have contacted for full-time work and the orm, if necessary.
	b.	*	30 days, enter the name and address of your expected
В.	a.	Enter when you expect to return to work. If unknown, estimate.	
			SPECTS FOR EMPLOYMENT
7.	Do	Yes - Specify below.	s such as payments under the GI Bill, etc?
	C.	Enter how much of this amount you cou	uld recover if you quit school now. \$
	b.	Enter the date this amount was paid.	
3.	a.		I books for the present semester or term. \$
			,
		The date(e) on which the even	t(s) occurred and explain the circumstances in detail.

11.	На	ve you previously worked full-time while attending school?
		Yes - Complete Items 11a-f. No - Go to Item 12.
	a.	Enter the name and address of the 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.)
12.	110	marks (moldde arry other miormation you wish to add.)
		SECTION 4 – CERTIFICATION
13.	BC UN	CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND DMPLETE. I KNOW THAT I MUST IMMEDIATELY REPORT TO THE RAILROAD RETIREMENT DARD ANY CHANGES WHICH MIGHT AFFECT MY ENTITLEMENT TO BENEFITS. INDERSTAND THAT A SUBSTANTIAL PENALTY MAY BE IMPOSED ON ME FOR FALSE OR LAUDULENT STATEMENTS OR CLAIMS.
SIG	NAT	TURE DATE SIGNED
thi int	s fo ervi	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.
		OR RRB USE ONLY
	In	terviewed by:
	R	emarks:

SECTION 3 – PREVIOUS EMPLOYMENT/REMARKS