United States of America Railroad Retirement Board

Form Approved OMB No. 3220-0164

QUESTIONNAIRE - REINSTATEMENT OF
DISCHARGED OR SUSPENDED EMPLOYEE

SOCIAL SECURITY NUMBER	
NAME	

The above-named employee is claiming benefits under the Railroad Unemployment Insurance Act. The employee has advised us that you are handling his/her case for reinstatement. In this regard, please answer the questions below and return the letter using the enclosed envelope or by fax to . Thank you for your cooperation in this matter.

Sincerely,

PAPERWORK REDUCTION ACT NOTICE

This notice is given under the Paperwork Reduction Act of 1995. The Railroad Retirement Board's authority for collecting the information on this form is section 12(I) of the Railroad Unemployment Insurance Act. The information is needed to help determine the claimant's availability for work. Your obligation to provide us with this information is voluntary.

We estimate this form takes an average of 5 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 the Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush St. Chicago, IL 60611-2092.

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1.	Are you currently	handling this employee's case for reinstatement?	☐ Yes		☐ No			
2.	•	ger handling the employee's case for reinstatement, ich efforts were abandoned.	Mo.	Day	Ye	ar		
3.	If reinstatement	efforts have been passed on to someone else, enter the	on to someone else, enter the following information:					
	NAME:							
	ADDRESS:							
	TITLE:							
	TELEPHONE:	()						
4.	If the employee I date.	nas returned or expects to return to work, enter the	Mo.	Day	Ye	ar		
5.	I certify that the i	nformation given on this form is true and complete.						
SIC	GNATURE:	DATE: _						