

# Vocational Report

## Section 1 General Instructions

Be sure to read the Important Notice at the bottom of page 8.

**Type or print legibly in ink.** If you need more space than is provided to answer a question, attach a separate sheet of paper. If you do not know the answer to a question, print "Unknown" in the space provided for the answer. Additional forms may be obtained from the RRB office shown on page 9.

If you are completing this form on behalf of someone else, you must answer each question as it applies to **the applicant**.

## Section 2 Identifying Information

Check the information entered by the Railroad Retirement Board (RRB) for Items 1 through 6 for accuracy.

- If the information is correct, **go to Section 3**.
- If the information is not correct, cross out the incorrect information and enter the correct information above it.
- If the information is missing, fill it in.

Employee Identification	1 Employee's Name	
	2 Employee's Social Security Number	
	3 Employee's Railroad Retirement Claim Number, if different from Item 2	
Applicant Identification	4 Applicant's Name	
	5 Applicant's Address (Include Street Address, City, State/Province, ZIP Code and Country)	
6 Daytime Telephone Number:		Alternate Telephone Number:

## Section 3 Information About Your Work History

Work History	7 List all railroad and nonrailroad jobs you have had in the last 15 years before you stopped working and enter an "X" in the appropriate box to indicate whether the work was railroad or nonrailroad. If you have a 6 <sup>th</sup> grade education or less and performed only heavy unskilled labor for 35 years or more, list all of the jobs you have had since you began to work. <b>NOTE 1:</b> If you list only one job in Item 7, <u>do not complete pages 4 through 7</u> . If you have more than 3 jobs to list, continue on another Form G-251. <b>NOTE 2:</b> Enter the appropriate job title(s) from Item 7a, b, and c, below, at the top of pages 2, 4, and 6.					
	Job Title	Type and Name of Business (Railroad or Nonrailroad)	Dates Worked		Hours per Week	
			From	To		
			MO	YR	MO	YR
	a.	<input type="checkbox"/> Railroad <input type="checkbox"/> Nonrailroad				
b.	<input type="checkbox"/> Railroad <input type="checkbox"/> Nonrailroad					
c.	<input type="checkbox"/> Railroad <input type="checkbox"/> Nonrailroad					
Regular Occupation	8 Enter an "X" in the appropriate box: Are you applying for an employee occupational disability annuity?		<input type="checkbox"/> Yes - <b>Go to Item 9</b> <input type="checkbox"/> No - <b>Go to Item 12</b>			
	9 Enter the title of your usual railroad job in the last 5 years.					
	10 Enter the title of your usual railroad job in the last 15 years.					
	11 Enter an "X" in the appropriate box: Which job did you claim as your regular occupation?		<input type="checkbox"/> Job in Item 9 <input type="checkbox"/> Job in Item 10			

Only complete pages 2 and 3 to provide a description of a job listed in Item 7a, \_\_\_\_\_.

Description of Job in Item 7a

12 Describe the essential duties of the position or occupation named in Item 7a. 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.

13 Describe the environmental conditions that the position described above exposes you to (i.e., walking on uneven terrain; heights; dangerous machinery; exposure to electric shock or high voltage; proximity to electromagnetic fields; temperature/humidity extremes; fumes; noxious gases; dust; excessive noise or vibration).

14 Indicate below the kind and amount of physical activity this job involved during a typical 8-hour workday. (The total hours shown should equal 8 hours or the exact number of hours worked daily.)

a. Check the number of hours a day spent:

(1) Standing/walking

(2) Sitting

0 1 2 3 4 5 6 7 8

0 1 2 3 4 5 6 7 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. If an action listed below does not apply to the position, enter "N.A." in the *Descriptive Comments* column.

Action	Amount of Time				Descriptive Comments
	Never	<sup>1</sup> Occasionally (Up to 1/3)	<sup>2</sup> 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"/>	

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

<sup>2</sup>Frequently means occurring one-third (approx. 2-1/2 hours) to two-thirds (approx. 5 hours) of an 8-hour workday; cumulative, not continuous.

Description of Job in Item 7a (cont.)	Action	Amount of Time				Descriptive Comments	
		Never	<sup>1</sup> Occasionally (Up to 1/3)	<sup>2</sup> Frequently (1/3 to 2/3)	Constantly		
14 b. (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 you 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)	Lifting/lowering/carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
a. Indicate the objects you lift/lower/carry							
b. Check the weight of the objects you lift/lower/carry		<b>Heaviest Weight Lifted</b> <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 <b>Weight Most Often Lifted/Carried</b> <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					
15	a. Has your employer made permanent adjustments to this job to accommodate you?	<input type="checkbox"/> Yes – <b>Go to Item 15b</b> <input type="checkbox"/> No – <b>Go to Item 16</b>					
b. Describe any permanent accommodation(s) given (e.g., Job Duties, Work Schedule, Overtime Schedule, Attendance Schedule, etc.) and the start and end dates for each accommodation. If there is not an end date for the accommodation, enter "N/A."							
				From		To	
		Yes	No	Month	Year	Month	Year
<input type="checkbox"/>	<input type="checkbox"/>	Job Duties	▶				
<input type="checkbox"/>	<input type="checkbox"/>	Work Schedule	▶				
<input type="checkbox"/>	<input type="checkbox"/>	Overtime Schedule	▶				
<input type="checkbox"/>	<input type="checkbox"/>	Attendance Schedule	▶				
<input type="checkbox"/>	<input type="checkbox"/>	Other	▶				

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

<sup>2</sup>Frequently means occurring one-third (approx. 2-1/2 hours) to two-thirds (approx. 5 hours) of an 8-hour workday; cumulative, not continuous.

**Only complete pages 4 and 5 to provide a description of a job listed in Item 7b, \_\_\_\_\_.**  
**Otherwise, go to page 8.**

Description of Job in Item 7b

16 Describe the essential duties of the position or occupation named in Item 7b. 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.

17 Describe the environmental conditions that the position described above exposes you to (i.e., walking on uneven terrain; heights; dangerous machinery; exposure to electric shock or high voltage; proximity to electromagnetic fields; temperature/humidity extremes; fumes; noxious gases; dust; excessive noise or vibration).

18 Indicate below the kind and amount of physical activity this job involved during a typical 8-hour workday. (The total hours shown should equal 8 hours or the exact number of hours worked daily.)

a. Check the number of hours a day spent:

(3) Standing/walking	<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
(4) 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

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. If an action listed below does not apply to the position, enter "N.A." in the *Descriptive Comments* column.

Action	Amount of Time				Descriptive Comments
	Never	<sup>1</sup> Occasionally (Up to 1/3)	<sup>2</sup> 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"/>	

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

Description of Job in Item 7b (cont.)	Action	Amount of Time				Descriptive Comments	
		Never	<sup>1</sup> Occasionally (Up to 1/3)	<sup>2</sup> Frequently (1/3 to 2/3)	Constantly		
18 b. (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 you 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)	Lifting/lowering/carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
a. Indicate the objects you lift/lower/carry							
b. Check the weight of the objects you lift/lower/carry		<b>Heaviest Weight Lifted</b>					
		<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					
		<b>Weight Most Often Lifted/Carried</b>					
		<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					
19 a. Has your employer made permanent adjustments to this job to accommodate you?					<input type="checkbox"/> Yes – <b>Go to Item 19b</b> <input type="checkbox"/> No – <b>Go to Item 20</b>		
b. Describe any permanent accommodation(s) given (e.g., Job Duties, Work Schedule, Overtime Schedule, Attendance Schedule, etc.) and the start and end dates for each accommodation. If there is not an end date for the accommodation, enter "N/A."							
				From		To	
Yes	No			Month	Year	Month	Year
<input type="checkbox"/>	<input type="checkbox"/>	Job Duties	▶				
<input type="checkbox"/>	<input type="checkbox"/>	Work Schedule	▶				
<input type="checkbox"/>	<input type="checkbox"/>	Overtime Schedule	▶				
<input type="checkbox"/>	<input type="checkbox"/>	Attendance Schedule	▶				
<input type="checkbox"/>	<input type="checkbox"/>	Other	▶				
<sup>1</sup> Occasionally means occurring from very little up to one-third (approx. 2-1/2 hours) of an 8-hour workday; cumulative, not continuous. <sup>2</sup> Frequently means occurring one-third (approx. 2-1/2 hours) to two-thirds (approx. 5 hours) of an 8-hour workday; cumulative, not continuous.							

**Only complete pages 6 and 7 to provide a description of a job listed in Item 7c, \_\_\_\_\_.**  
**Otherwise, go to page 8.**

Description of Job in Item 7c

20 Describe the essential duties of the position or occupation named in Item 7c. 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.

21 Describe the environmental conditions that the position described above exposes you to (i.e., walking on uneven terrain; heights; dangerous machinery; exposure to electric shock or high voltage; proximity to electromagnetic fields; temperature/humidity extremes; fumes; noxious gases; dust; excessive noise or vibration).

22 Indicate below the kind and amount of physical activity this job involved during a typical 8-hour workday. (The total hours shown should equal 8 hours or the exact number of hours worked daily.)

a. Check the number of hours a day spent:

(5) Standing/walking 0 1 2 3 4 5 6 7 8

(6) Sitting 0 1 2 3 4 5 6 7 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. If an action listed below does not apply to the position, enter "N.A." in the *Descriptive Comments* column.

Action	Amount of Time				Descriptive Comments
	Never	<sup>1</sup> Occasionally (Up to 1/3)	<sup>2</sup> 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"/>	

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

Description of Job in Item 7c (cont.)	Action	Amount of Time				Descriptive Comments	
		Never	<sup>1</sup> Occasionally (Up to 1/3)	<sup>2</sup> Frequently (1/3 to 2/3)	Constantly		
22 b. (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 you 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)	Lifting/lowering/carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
a. Indicate the objects you lift/lower/carry							
b. Check the weight of the objects you lift/lower/carry		<b>Heaviest Weight Lifted</b>					
		<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 <b>Weight Most Often Lifted/Carried</b> <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					
23 a.	Has your employer made permanent adjustments to this job to accommodate you?				<input type="checkbox"/> Yes – <b>Go to Item 23b</b> <input type="checkbox"/> No – <b>Go to Item 24</b>		
b. Describe any permanent accommodation(s) given (e.g., Job Duties, Work Schedule, Overtime Schedule, Attendance Schedule, etc.) and the start and end dates for each accommodation. If there is not an end date for the accommodation, enter "N/A."							
				From		To	
Yes	No			Month	Year	Month	Year
<input type="checkbox"/>	<input type="checkbox"/>	Job Duties	▶				
<input type="checkbox"/>	<input type="checkbox"/>	Work Schedule	▶				
<input type="checkbox"/>	<input type="checkbox"/>	Overtime Schedule	▶				
<input type="checkbox"/>	<input type="checkbox"/>	Attendance Schedule	▶				
<input type="checkbox"/>	<input type="checkbox"/>	Other	▶				

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

<sup>2</sup>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 4****Certification**

Certification

24 Enter an "X" in the appropriate box:  
I will have a guardian or other representative sign this report on my behalf.

- Yes – Go to Note and Item 25  
 No – Go to Item 25

**Note:** *If answered "Yes," the guardian or other representative of the applicant must sign this report.*

25 I know that civil and criminal penalties may be imposed on me for false or fraudulent statements, or for withholding information to misrepresent a fact material to determining a right to a payment under the Railroad Retirement Act. I affirm that to the best of my knowledge, the information I have given represents the complete truth.

**Signature**  
(First Name, Middle Initial,  
Last Name)

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**Date**

Month	Day	Year

26 If this certification is signed by mark ("X") in Item 25, two witnesses who know the person signing must sign below, giving their full addresses.

a. **Signature of Witness**

Address (Number and Street)

City, State, ZIP Code

b. **Signature of Witness**

Address (Number and Street)

City, State, ZIP Code

### PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

The Railroad Retirement Board is authorized to collect the information on this form under Section 7(b)(6) of the Railroad Retirement Act. While you are not required to respond, your cooperation is needed to provide information necessary to complete processing of the claim. If you fail to provide us with the requested information, we may be unable to pay you any benefits (as explained in Section 2(a) of the Railroad Retirement Act).

We estimate this form takes an average of 40 to 50 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 completion time, to Associate Chief Information Officer for Policy & Compliance, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-1275.



**Before you return your report, check to make sure that:**

- **Every** question that applies to you has been answered.
- You have entered "Unknown" in **any** answer space for which you were unable to answer a question.
- You have signed and dated the report.
- You have included **all** the needed proofs listed in the letter you received with this report.

When you received your report, you should have also received a pre-addressed envelope. If you do not have this envelope, you can use any envelope as long as it is addressed to the RRB office shown below. No matter which envelope you use, you must put the correct postage on the envelope. Be careful to provide enough postage because your report may weigh more than a standard letter. The U.S. Postal Service will not deliver your report unless it has the correct postage.

**If you need information or assistance, contact:**

U.S. RAILROAD RETIREMENT BOARD

 TELEPHONE NUMBER: 1-877-772-5772

**If for some reason you cannot contact that office, you should contact:**

U.S. RAILROAD RETIREMENT BOARD  
844 NORTH RUSH STREET  
CHICAGO, ILLINOIS 60611-1275