Form Approved OMB No. 3220-0057

Field Office Record of Claimant Interview

	e Interviev	
Month	Day	Year

Paperwork Reduction Act/Privacy Act Notices

Section 5(b) of the Railroad Unemployment Insurance Act authorizes collection of the information being obtained by this form. The information will be used to determine whether you meet the statutory eligibility requirements for unemployment benefits and will also be used to provide assistance in job placement. While you are not required to provide the information, failure to do so may prevent us from paying you benefits.

We estimate this form takes an average of 10-1/2 minutes 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 Chief of Information Resources Management, Railroad Retirement Board, 844 N. Rush Street, Chicago, Illinois 60611-2092.

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 need help completing this form, contact the Railroad Retirement Board office shown on page 6. Complete Items 1 through 19 of this form unless the instructions tell you to skip to another item. **Stop after completing Item 19.**

another i	tem. Stop after completing Item 19.	n page o. compi	lete items i unough 19 of this		mistractions tell you to skip to
Se	ction 1 Identifying Info	rmation			
	1 Your Name (First, Middle, Last)▶				
Identification	2 Your Social Security Number >			,	
	3 Your Mailing Address	treet ity			State ZIP Code
Ident	4 Your Telephone Number (Include Area Code)		Wo	rk ()	
	5 Your Payroll or Employee Number				
Se	ction 2 Prospects for E	mployme	ent and Work His	tory	
	6 a. Enter the following information worked for a railroad or nonrail				
qo	Employer Name				
ent Ja	Employer Street Address > Ci	ty			State ZIP Code
st Rec	Job Title				
Š	Department •				
our	Supervisor's Name and Telephone Number				
rt Y	Date First Employed ▶				_
Information About Your Most Recent Job	Date Last Worked ▶		_		
	Reason No Longer Working ▶				
	Date of Expected Recall ▶				- -
forn	b. Are you suspended or discharg		YES - Go to Item	6b(1)	NO - Go to Item 7
Ē	(1) Enter the length of your su if applicable.	spension,			
	Are you now seeking reins to your railroad job?	statement >	YES - Go to Item	6b(3)	NO - Go to Item 7

ost	6	b. (3)	B) Enter the following information about the union official who is handling your case for reinstatement.						
Information About Your Most Recent Job, Continued		-	Union N	lame ►		=	_	· ·	
			Official	>					
			Title	•					
nation ent J			Address	•					
nform Rec			Telepho	ne Number	,				
	7		(Include	Area Code)	()	d			
sqc	'	your m	ost recen	t employment sho	wn in Item 6. Onl	y list employment he	eld in the l	ou held at the same time or before ast 5 years. Include part-time and	
or Jo		self-em Employe		t. Enter more rece	ent employment f	irst. If none, enter "N Address	None."		
Pric		Occupat	ion		Date started	Date ended	Reaso	n for leaving	
out									
Abo		Employe	er			Address			
tion		Occupat	ion		Date started	Date ended	Reaso	n for leaving	
Information About Prior Jobs		Employe	r			Address		-	
nfo		Occupation Date starte		Date started	Date ended	Reaso	n for leaving		
	8	The Ro	ilroad Do	tiroment Doord (E	DDV			ployees who are looking for work	
	8	in the r may be If you of If you of If you a	ailroad in sent by do not wa want you are ONLY	dustry. The regist the RRB to emplo ant to be listed on rame listed on applying to be I	er is furnished to yees on the regis on the central regis the central regis isted on the cer	railroad hiring offic ster. ister, or your name ster, complete Iten stral register and a	ials upon is alreac is a, b, a re not cla	their request. Notices about jobs	
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Central Register, Continued		If "YES," explain.	
Sec	ctio	n 3 Other Payments	
Information About Other Payments	9 H	Have you received or applied for, or do you expect to receive or apply for, any of the Job protection or wage guarantee payments? D. Wages, salary, or pay for time lost? L. Income from self-employment, farming, or part-time work? D. Payment for National Guard or military reserve duty? D. Vacation pay? D. Vacation pay? J. Social security, military retirement, or retainer pay, or other retirement payments or benefits? D. State unemployment or sickness compensation, or workers' compensation? J. Separation allowance, severance pay, buy-out? To you answered all parts "NO," go to Item 10.	YES NO
Informati		Placement Information Needed to Help You Find	
	In th	nis section, describe your education, skills, credentials, experience, and training.	This information will be
Past Education	10 a	d to match you with possible job vacancies and to advise you on how and where to Do you have a high school diploma or GED certificate? Did you graduate from trade or vocational school? If "YES," enter the trade or vocation you studied. ▶ Did you attend college?	YES NO
هـُ	(If "NO," go to Item 11. If "YES," enter your major field of study. ▶	

	11 a.	Are you now, or will you be, attending school? If "NO," go to Item 12.	YES	☐ NO
Idance		If "YES," enter the requested information below.		
		Name of school	-	
∖tter		Location		
Current School Attendance		Course of study	,	_
		Date school begins		
nt S		Date school ends		
<u>irre</u>		Class schedule (days, hours)		
ರ	b.	Did you attend school while working in your last job?	YES	
		Would you quit school now if offered full-time work?		☐ NO
Licenses, Skills, Training and Experience		Licenses and Certificates—List your licenses and certificates, if any, that may be helpf employment (for example, class "D" drivers license, FCC or real-estate license, or journed		
	b.	Special Skills, Training, and Experience — List your special skills, training, and experience in obtaining employment (for example, stenography, word processing, operation cal or electronic equipment, TIG welding, knowledge of tax law, computer training).		
	13	Are you physically able to work in your regular job?	☐ YES	☐ NO
Ability to Work		If "NO," explain why not		
Personal Circumstances		Are there any personal circumstances which would keep you from accepting work now, such as child care responsibilities, lack of transportation, or your health? If "NO," go to Item 15. If "YES," explain the circumstances.	-	

linds ept	15		er the following in ng to accept:	formation ab	out the kinds of wo	ork (railroad and no	onrailroad) that yo	ou are qualified for and	
Information About the Kinds of Work You Will Accept		а	. Kinds of work	< ▶	1				
	}			•	2				
r Ab Yœ			·	>	3				
atio fork		b	. Salary	•	Minimum		Preferred		
form of V			•		\$	per	\$	per	
			 Distance you willing to trav 		Miles				
	16	Have you applied for work within the last 30 days?							
		If "N	NO," go to Item	17.					
ts .		If "Y	ES," enter the re	quested info	rmation below abo	out those from who	om you attempted	d to find work.	
<u>f</u>		NOT	E: If you have m	ade more tha	in 5 work-seeking a	attempts, continue t	his information or	n a plain sheet of paper.	
ы Н			Employer	City	and State	Kind of work	Date contacted	Results	
Ϋ́o Ā́ŕo		a.							
¥ ≥									
Information About Your Efforts to Find Work		b.							
ion to		c.							
nat	}								
nforr		d.							
_		<u>е.</u>		_	•				
		С.							
: Service	17	If "N If "Y a.	I O," go to Item 1 ES," complete Ite	8. ems a, b, and s and telepho	d c below.	rice or Job Service		YES NO	
State Employment Service	b. Enter the date you last contacted the State Employment Service about job opportunities. c. Enter the result of your contact.							ies.	

Section 5 Remarks

18 This section is to be used for the continuation of answers to other items. Be sure to include the 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 imporant to include.

Remarks

Interviewer's Signature and Remarks

19	I certify that the information I have provided on this form is true, correct, and complete. I have been gire copy of Booklet UB-10 and have been told to read it. I know that I must immediately report to the Rai Retirement Board (RRB) any changes which might affect my entitlement to benefits. I understand that cive criminal penalties, including a fine and imprisonment may be imposed on me for false or fraudulent statement or claims or for withholding information to get benefits from the RRB.	iroac
	or claims or for withholding information to get benefits from the RRB.	

Sign your name here

Enter today's date here ▶

STOP HERE: Item 19 is the last item for you to complete on this form. Take time now to go back over this form to make sure you have answered each item accurately and completely. If you are about to be interviewed, give this form to the RRB representative who will interview you. If you received this form by mail, return it in the enclosed pre-addressed envelope. If you do not have the envelope, mail the form with sufficient postage to:

Railroad Retirement Board

Telephone Number:

FOR RRB USE ONLY

Interviewed by

Remarks

	Fie	eld Office Re	ecord of	f Cla	imant Intervi	ew	
Initial	Subsequent	☐ Individual	☐ Gro	oup	Telephone	☐ Mail	UI-35 Date
Rights an	d requirements (Check	items explained to	o claimant.)				
	Able and available		Sepa	ration	allowance	ВА	-6
	Voluntary quit		Work	/earnir	ngs restrictions	Ho	w to file for SI
	Work on claimed day		Frauc	d pena	llty	Vac	cancies list
	Failure to apply, accept	, report	Appe	al righ	ts	Cer	ntral register
	Registration requirement	nts	Durat	ion of	benefits	UB	-10 provided
	Receipt of other benefit	s	Comp	oensal	ole days	UI-	35c provided
Describe th	ne investigation or addition	onal action require	ed.				
Determina	ation: 🔲 Eligible [Adverse (Prep	are Form U	JI-27g))		
Claimant	added to Central Regis	ster: 🔲 Yes 📋	No Reco	ord of	Interview Input to	RUCS:	Yes 🔲 No
Remarks							
Determine	·	Date		Revi	ewed by		Date
Darla Vega	a king advice (If none, e)	volain why)			_		
-300		•					
	Make diligent efforts to						for tale to form a store
	Register with the State	• •		•			
	Read Booklet UB-12, Gu Contact and attempt to				iow the work-seeking	auvice maci	s appropriate for you.
	None given, seasonal e			******			
	None given, suspended or discharged seeking reinstatement. ID-8E sent.						
	If seeking reinstatement, stay in contact with your union representative.						·
	None given, working ex	tra-board or part-t	ime railroad	i. ID-8	8G sent.		
	None given, working no	nrailroad.					
	Other:						

Page 8

Form **UI-35** (03-07)

Important reminders

- File on time! The RRB must receive your claims within 15 calendar days after the last day of the claim or the date we mailed the claim to you, whichever is later. If you file your claim late you may lose benefits.
- Fill out claims completely! You must provide all information requested by the claim form, even if you believe the requested information does not affect your entitlement to benefits. For example, if the RRB or someone else tells you that your part-time work will not affect your benefits, you must still report such work on your claims.
- Follow-up promptly! If you are expecting a claim form or payment from the RRB but do not receive it within 20 days, contact the RRB immediately.

Follow	the instructions checked below or you may lose benefits:
N	Make diligent efforts to find work.
	Register with the State Employment Service. If already registered, visit the service regularly for job information.
	Read Booklet UB-12, Guide to Finding the Right Job, and follow the work-seeking advice that is appropriate for you.
	Contact and attempt to file employment applications with:
c	Other: