



U.S. RAILROAD RETIREMENT BOARD

Form Approved
OMB No. 3220-0057

<Office Name>
<Office Address>
<Office City, State, ZIP Code>
<Date>

CURRENT

In reply refer to SS No.:

Report to State Employment Service Office at:

Report on or before:

Please report in person to the State Employment Service (SES) office shown above and apply for work to which you may be referred by that office.

Instructions for Completing Part A and Part B

- When you report to the SES office, give this notice and the postage paid envelope to the SES representative.
- Have the SES representative complete Item 1 below and return this page to you.
- You must sign and date Item 3 then use the postage due envelope to return this page to our address shown above.
- The SES representative will complete and return the next page (Part B) in the postage paid envelope.
- **If you do not report** to the SES office, you must complete Items 2 and 3 and return this notice to us no later than the date you are to report.

NOTE: If you fail to report to the SES office or to comply with the office's instructions, you may be disqualified from receiving unemployment benefits for a period of 30 days.

REFERRAL TO STATE EMPLOYMENT SERVICE (PART A)

Item 1	(To be completed by State Employment Service Office. Return this page to the applicant and then go to PART B on the next page.) Date applicant reported: _____ SES Office Stamp: _____
Item 2	(To be completed by applicant) If you do not report to the SES office, enter reason: _____ _____ _____
Item 3	_____ Your Signature _____ Date _____

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

The information requested on this form will be used by the Railroad Retirement Board (RRB) to determine your eligibility for unemployment benefits. The RRB's authority for requesting this information is section 5(b) of the Railroad Unemployment Insurance Act. Although you are not required to provide this information, failure to do so may prevent payment of benefits to you.

We estimate this form takes less than 1 minute to complete, including the time needed 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: Associate Chief Information Officer of Policy and Compliance, Railroad Retirement Board, 844 N. Rush Street, Chicago, IL 60611-1275.