



UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

UNEMPLOYMENT & PROGRAMS SUPPORT DIVISION
844 NORTH RUSH STREET
CHICAGO, IL 60611-1275

FORM APPROVED
OMB NO. 3220-0025

OFFICE HOURS: 8:00 AM TO 4:30 PM CST
MONDAY THROUGH FRIDAY EXCEPT FEDERAL
HOLIDAYS

E-MAIL: RUIADEBT@rrb.gov

PHONE NUMBER: 1-312-469-2134
FACSIMILE NUMBER: 1-312-751-7185

March 21, 2024

In reply refer to
SS No.
Name

REQUEST FOR EMPLOYMENT INFORMATION

Our files indicate that the individual named above has been employed by you. This individual claimed benefits under the Railroad Unemployment Insurance Act, a Federal law. Since these benefits are paid on a daily basis, we need to know the exact days the individual worked for you. This request involves a routine check of our records and is not an indication that the employee has filed improper benefit claims.

Please furnish the information requested on the next page about each day worked OR provide the information requested by submitting a computer printout or other company records which clearly show the employee's daily earnings. Regardless of how you provide the information, please complete and sign the Employer Certification at the bottom of the next page and return both pages of this form in the enclosed postage-paid envelope. Our authority for requesting this information is shown below.

TIME SENSITIVE: PLEASE RESPOND WITHIN 30 DAYS

Railroad Retirement Board

Enclosure

AUTHORITY FOR REQUEST

The Railroad Retirement Board (RRB) is a United States Government agency and is responsible for the administration of the Railroad Unemployment Insurance Act (45 U.S.C. 351 et. seq.). This Act provides for payment of unemployment and sickness benefits to qualified employees in the railroad industry.

Our authority for requesting information is contained in provisions of the Railroad Unemployment Insurance Act (45 U.S.C. 355(b), 359(a) and 362(a)). Although the Act gives the RRB the authority to compel disclosure through use of a subpoena, the RRB's experience has been that employers voluntarily release earnings information when they know that the RRB uses that information only for the purpose of verifying a claim for benefits.

The RRB realizes that many companies have adopted policies regarding disclosure of personal information needed for proper administration of the Railroad Unemployment Insurance Act. Information that the RRB acquires about a person is protected from disclosure except as provided by law.

PAPERWORK REDUCTION ACT

We estimate this form takes an average of 15 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 the Associate Chief Information Officer for Policy and Compliance, Railroad Retirement Board, 844 N. Rush St., Chicago, IL 60611-1275.

ID-5I (06-22)



Name:
Employer

SS No.

Enter the earnings in the appropriate box below for each day of employment between JUN 2021 and SEP 2021. **If still employed, include earnings up to the current employment date.**

DAYS OF MONTH	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												

OCCUPATION: _____

EMPLOYED FROM: _____ TO _____

REASON FOR TERMINATION (IF NOT EMPLOYED): _____

EMPLOYER CERTIFICATION: THE INFORMATION IN THIS REPORT IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

_____ SIGNATURE	_____ TITLE	_____ DATE
OFFICIAL TO CONTACT FOR ADDITIONAL INFORMATION: _____ NAME/TITLE		() _____ TELEPHONE NUMBER

