CURRENT

UNITED STATES OF AMERICA RAILROAD RETIREMENT BOARD IPENSATION & EMPLOYER SERVICES CENTER 844 NORTH RUSH STREET CHICAGO, IL 60611-1275 WWW.RRB.GOV

Form Approved OMB No. 3220-0164

OFFICE HOURS: M-T-TH-F 9:00 AM TO 3:30 PM TOLL-FREE NUMBER: 1-877-772-5772

Weds. 9:00 AM to 12:00 PM - Closed Federal Holidays	TODE TREE NOMBER. TOTAL TIPE
,	In reply refer to
To receive unemployment benefits, you must be unemployed all days for which you claim benefits. In your case, this measure work to be eligible for unemployment benefits. This includes Your efforts to find work should include contacting online job employment services, and local businesses who need the slisting of employer job vacancies on our website at	

Railroad Retirement Board

REPORT OF EFFORTS TO FIND WORK

Paperwork Reduction Act and Privacy Act Notices

This notice is given under the Privacy Act of 1974 and Paperwork Reduction Act of 1995. Under section 12(I) of the Railroad Unemployment Insurance Act, the RRB is authorized to collect the information requested on this form. The information will be used to determine your availability for work and your eligibility for benefits. While you are not required to provide us with this information, your failure to do so may prevent us from paying you additional benefits.

We estimate this form takes an average of 11½ minutes per response to complete, including the time for 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 completions time to Associate Chief Information Officer for Policy and Compliance, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-1275.

PLEASE GIVE THE FOLLOWING INFORMATION ABOUT YOUR ATTEMPTS TO FIND WORK **EMPLOYER ADDRESS** KIND OF **RESULTS** DATE WORK **CONTACTED** A. В. C. D. Ε. F. G. Η. I. J. K. L.

CERTIFICATION: I know that disqualifications ar me for false or fraudulent statements or for withh the information given on this form is true, correct,	olding information to get benefits. I certify that al
Signature:	Date