SCHOOL ATTENDANCE AND AVAILABILITY QUESTIONNAIRE

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 do not understand this form or need help to complete it, contact the RRB office shown below.

Complete Items 1 through 12 of this form unless the instructions tell you to "Go to" another item. Do not skip items unless instructed to skip. Stop after completing Item 13.

If this form was mailed to you, return it using the enclosed preaddressed envelope. If you do not have the envelope, mail the form with sufficient postage to the following office of the U.S. Railroad Retirement Board:

Paperwork Reduction Act/Privacy Act Notices

This notice is given under the Paperwork Reduction Act of 1995 and the Privacy Act of 1974. 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 6 to 10 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 the completion time to Associate Chief Information Officer for Policy and Compliance, Railroad Retirement Board, 844 Rush Street, Chicago, Illinois 60611-1275.

SCHOOL ATTENDANCE AND AVAILABILITY QUESTIONNAIRE

s	SOCIAL SECURITY NUMBER
İ	
 N	IAME (First, Middle Initial, Last)

a.	-	_		nd school within the ne	ext 6 months?
b.	NAME OF SCH	HOOL:			
	LOCATION: _				
	COURSE OF S	STUDY:			
	DATE SCHOO	DL ENDS:			
Wh	nat are your pres	sent class hours?			
		FRO	М		<u>TO</u>
	Monday	A.M.	P.M.	A.M.	P.M.
	Tuesday				
	Wednesday				
	Thursday				·
	Friday				
	Saturday				
Но	w far do you res	side from school? _	miles		
	b. Wr	DATE SCHOOL Monday Tuesday Wednesday Thursday Friday Saturday How far do you reserved.	DYES - Complete Item 1b. b. NAME OF SCHOOL: LOCATION: COURSE OF STUDY: DATE SCHOOL BEGINS: DATE SCHOOL ENDS: What are your present class hours? FRO A.M. Monday Tuesday Wednesday Thursday Friday Saturday How far do you reside from school? Are you willing to quit school at once to	Tyes - Complete Item 1b. No - Go to Item 13. b. NAME OF SCHOOL: LOCATION: COURSE OF STUDY: DATE SCHOOL BEGINS: DATE SCHOOL ENDS: What are your present class hours? FROM A.M. P.M. Monday Tuesday Wednesday Thursday Friday Saturday How far do you reside from school? miles Are you willing to quit school at once to accept full-time work	b. NAME OF SCHOOL: LOCATION: COURSE OF STUDY: DATE SCHOOL BEGINS: DATE SCHOOL ENDS: FROM A.M. P.M. A.M. Monday Tuesday Wednesday Thursday Friday Saturday How far do you reside from school? miles Are you willing to quit school at once to accept full-time work with your last railroad.

UI-38s (11-08)

	b.	Has your school attendance caused you to refuse a call to work or to miss a call to work? Yes No - Go to Item 6a.			
	C.	Enter the date(s) on which the event(s) occurred and explain the circumstances in detail.			
6.	a.	Enter the amount you paid for tuition and books for the present semester or term. \$			
	b. Enter the date this amount was paid.				
	C.	Enter how much of this amount you could recover if you quit school now. \$			
7.	Do	o you receive any education allowances such as payments under the GI Bill, etc? Yes - Specify below. No			
		SECTION 2 – PROSPECTS FOR EMPLOYMENT			
8.	a.	a. Enter when you expect to return to work. If unknown, estimate.			
	b.	If you expect to return to work within 30 days, enter the name and address of your expected employer.			
9.	List				
9.	List	the names and addresses of employers whom you have contacted for full-time work and the			
9.	List	employer the names and addresses of employers whom you have contacted for full-time work and the es of application. Use the back of this form, if necessary.			
9.	List	employer the names and addresses of employers whom you have contacted for full-time work and the es of application. Use the back of this form, if necessary.			
	List date	employer the names and addresses of employers whom you have contacted for full-time work and the es of application. Use the back of this form, if necessary.			

SECTION 3 – PREVIOUS EMPLOYMENT/REMARKS

l1. H	Have you previously worked full-time while attending school?				
	Yes - Complete Items 11a-f. No - Go to Item 12.				
a. Enter the name and address of the employer.					
b		How many hours per week did you work?			
c. What months and years were you so employed?					
d e		How many credit hours did you carry in school at the time?			
f.	•	What caused the previous work-school situation to end?			
	2. Remarks (Include any other information you wish to add.)				

13. I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND COMPLETE. I KNOW THAT I MUST IMMEDIATELY REPORT TO THE RAILROAD RETIREMENT BOARD ANY CHANGES WHICH MIGHT AFFECT MY ENTITLEMENT TO BENEFITS. I UNDERSTAND THAT A SUBSTANTIAL PENALTY MAY BE IMPOSED ON ME FOR FALSE OR FRAUDULENT STATEMENTS OR CLAIMS.

SECTION 4 – CERTIFICATION

STOP HERE. Item 13 is the last item for you to complete on this form. Take time now to go back over
this form to make sure you 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 preaddressed envelope

SIGNATURE _____ DATE SIGNED _____

FOR RRB USE	ONLY	
Interviewed by:		
Remarks:		