

**Justification for Non-Substantive Changes for SSA-3369-BK  
Work History Report  
20 CFR 404.1512, 416.912, 404.1560, 404.1565, 416.960 and 416.965  
OMB No. 0960-0578**

**Background**

On April 18, 2024, we published the final rule (FR), *Intermediate Improvement to the Disability Adjudication Process, Including How We Consider Past Work* at 89 FR 27653. At the time of publication, we also submitted a new Information Collection Request (ICR), which OMB approved under 0960-0834 on May 28, 2024. The FR-related ICR, 0960-0834, combined all of the FR-related changes for all of the forms associated with the FR. Upon OMB’s approval of the ICR 0960-0834, we integrated the requested changes to the Form SSA-3369 which OMB approved.

As per our agreement with OMB when we received the approval for 0960-0834, we are now moving the regulatory changes to Form SSA-3369 which we implemented due to the FR back under the already established OMB approval for this form (0960-0578). Upon OMB’s approval of this Change Request (as well as the Change Requests for 0960-0300 and 0960-0579), we will discontinue the OMB approval under 0960-0834 to avoid double-counting the burden for these information collections.

**Revisions to the Form SSA-3369, Disability Report – Adult) which OMB approved under OMB No. 0960-0834:**

**Note:** As per our language in the Addendum for the FR, **changes which OMB approved for this IC because of the FR are in blue font.** Under 0960-0834, OMB also approved some non-rule related non-substantive changes to improve the readability, usability, and accuracy of the ICs, and to align them with other forms. **These non-final rule related changes are in black font.**

- **(Page 1) Change #1:** We updated the instructions as follows:
  1. We are added a bullet for “information about all the jobs that you had in the last 5 years before you became unable to work” to the bulleted list.
  2. We revised the instructions to include an explanation that we provide an interpreter free of charge.
  3. We improved the instructions by adding a list of information needed to complete the form.
  4. We revised the heading from “Read All of This Information Before You Begin Completing This Form” to, “Please Read All of This Information Before Completing This Report.”

5. We removed the heading, “why this information is important,” and revised the paragraph to read: “The office that makes the disability decision on your case will use the information you provide in this report to understand how your illnesses, injuries, or conditions might affect your ability to do work for which you are qualified. This information tells us about the kinds of work that you did, including physical and mental requirements of each job.” We also moved this paragraph to the top of page 1.
6. We revised a subject heading from “How to Complete This Form” to “What You Need to Complete This Report.”
7. We added the statement: “if you cannot remember all the information about your jobs, provide what you do remember” in the bulleted list.
8. We added the Section number for Remarks in the last bullet, and we are bolding it for emphasis.

**Justification #1:** We made change #1 from this list to reflect the final rule’s policy of only requiring PRW from the past 5 years. We made change #2 in response to NPRM public comments on increasing form accessibility. We made change #3 in response to NPRM comments requesting simpler, easier to understand comments. We made changes 4-8 improve customer service, usability, and accuracy, and for consistency with other forms, such as the SSA-454.

- **(Page 3) Change #2:** We updated Section 1 (page 3) as follows:
  1. We added a penalty of perjury statement at the very beginning of the section.
  2. We revised the section title from “Information about the Disabled Person” to “Information about You.”
  3. We are adding a clarifying statement, “when a question refers to “you,” or “your,” it refers to the person applying for disability benefits.”
  4. We added a request for a secondary phone number, if available.
  5. We replaced pronouns which refer to the person as “him” or “her” with “them.”

**Justification #2:** We made change #1 for legal clarification purposes. We made changes #2-4 for clarity and consistency with other forms. We made change #5 to gender-neutral pronouns to align with [Executive Order \(EO\) 13988, Preventing and Combating Discrimination on the Basis of Gender Identify and Sexual Orientation](#).

Note: OMB approved this under the previous Administration. We have since ensured that the form is in compliance with the current Administration’s E.O. 14168,

Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government.

- **(Pages 3-13, Section 2) Change #3:** We updated Section 2 (pages 3-13) as follows:

1. We replaced “15” with “5” years.

**Justification #3 (change # 1):** We made this change to align with the final rule’s new policy of only requiring 5 years of work history instead of 15 years.

2. We updated instructions to reflect that respondent should not include jobs that were held for less than 30 consecutive days.

**Justification #3 (change 2):** We made this change to align with the final rule’s new policy of only requiring respondents to report jobs they worked at for 30 consecutive days or more.

3. We added sample Job Title and Type of Business examples to the respective column headings in the table.
4. We changed the wording of the question “for the job you listed in Job Title No. 1-5, to “describe in detail the tasks you did in a typical workday” and added examples.
5. We changed the question for writing, completing reports, or performing any duties like this from a check box to a narrative, “if any of the tasks listed above involved writing or completing reports, describe the type of report you wrote or completed and how much time you spent on it per workday or workweek.”
6. We changed the questions for how many people did you supervise, did you hire and fire, and were you a lead worker from a check box to a narrative, “If any of the tasks listed above involved supervising others, describe who or what you supervised and what supervisory duties you had” and added examples.
7. We changed the question for machines, tools, and equipment from a check box to a narrative, “list the machines, tools, and equipment you used regularly when doing this job and explain what you used them for” and added examples.
8. We removed the question for use of technical knowledge and skills.
9. We added the question “did your job require you to interact with coworkers, the general public, or anyone else” with options for yes and no, and “if yes, describe who you interacted with, the purpose of the interaction, how you

interacted, and how much time you spent doing it workday or workweek,” and added examples.

10. We changed the question before the activity table to “tell us how much time you spent doing the following physical activities in a typical workday.”
11. We added the statement “the total hours/minutes for standing, walking, and sitting should equal the hours per day.”
12. We added a column with an example in the activity table for Job No. 1 and added a statement above, “the example below shows an 8-hour workday with 2 hours standing and walking and 6 hours sitting (8 hours total).”
13. We combined “standing and walking” into one question in the activity table.
14. We separated reaching into two questions: “reaching at/or below the shoulder,” and “reaching overhead (above the shoulder).” We also added boxes for one arm or both arms in the activity table.
15. We changed the wording of the question for using fingers and hands, added examples, and added boxes for one or both hands in the activity table.
16. We separated climbing into two questions: “climbing stairs or ramps,” and “climbing ladders, ropes, or scaffolds” in the activity table.
17. We changed the question about weights lifted and carried to “Tell us about lifting and carrying in this job. Explain what you lifted, how far you carried it, and how often you did it in a typical workday.”
18. We added an option for “less than 1 lb.” to the questions for heaviest weight lifted and weight frequently lifted.
19. We added the question “did this job expose you to any of the following with check boxes for outdoors, extreme heat (non-weather related), extreme cold (non-weather related), wetness, humidity, hazardous substances, moving mechanical parts, high exposed places, heavy vibrations, loud noise, and other, and “if one or more boxes are checked, tell us about the exposure(s) and how often you were exposed.”

**Justification #3 (changes 3-19):** In response to the NPRM comments on the form instructions, we improved the instructions for completing the form, added examples, and included a sample column that shows how an individual should complete the requested information. We also rewrote some questions in response to NPRM commenter requests for simpler, more concise questions. As well, we hope to improve the accuracy of responses with these revisions.

20. We revised the section title to “Work History.”
21. We moved “List your most recent job first” to a bulleted list and adding bullets for:
  - a. “List all job titles even if they were for the same employer,”
  - b. “Do not include jobs you held less than a month,”
  - c. “Include self-employment (e.g., rideshare driver, hair stylist),” and
  - d. “Include work in a foreign country.”
22. We changed the date format to MM/YYYY in the work column.
23. We revised and moved the statement, “if you need more space, use Section 3 - Remarks” to the top of the page for each job.
24. We bolded “Job Title No. 1-5.”
25. We added a new Section 4 for “Who Is Completing This Report.”
26. We removed the statement “if other than the disabled person” to ask for the name, date, and signature of the person completing the form.
27. We revised the date format to MM/DD/YYYY.
28. We added a question to ask for the relationship to the person with a disability with check box options.
29. We added a question for the contact information when the person completing the form is not the person with a disability.

**Justification #3 (changes 20-29):** We made these changes to improve accuracy and usability, and to align with other forms.

30. In Section 2, we added a question to “explain how your medical condition(s) would affect your ability to do this job.”

**Justification #3 (change 30):** We added this new question to capture any additional work requirements and improve accuracy. In addition, we expect this new question will reduce our need to recontact and will allow the claimant an opportunity to directly consider the issue. We consider the claimant’s statements regarding their limitations and abilities to be a valuable source of evidence.<sup>1</sup>

**Burden Reduction Due to the Implementation of the FR, as Per the Documentation Under 0960-0834:**

The following chart shows the burden reduction for Form SSA-3369, associated with the

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<sup>1</sup> Our regulations at 20 CFR [404.1512](#) and [416.912](#) discuss the need for this request.

FR, which OMB approved on May 28, 2025:

OMB #; Form #; CFR Citations	Number of Respondents	Frequency of Response	Current Average Burden Per Response (minutes)	Current Estimated Total Burden (hours)	New Burden Per Response Under Regulation (minutes)	Anticipated Estimated Total Burden Under Regulation (hours)	Estimated Burden Savings
0960-0578 SSA-3369 (Paper Form) 404.1560 416.960	1,553,900	1	60	1,553,900	40	1,035,933	517,967
0960-0578 SSA-3369 (EDCS Screens) 404.1560 416.960	38,049	1	60	38,049	40	25,366	12,683
<b>Totals</b>	<b>1,591,949</b>			<b>1,591,949</b>		<b>1,061,299</b>	<b>530,650</b>

The following chart shows the theoretical cost burdens associated with the final rule:

OMB #; Form #; CFR Citations	Number of Respondents	Anticipated Estimated Total Burden Under Regulation from Chart Above (hours)	Average Theoretical Hourly Cost Amount (dollars)*	Average Wait Time in Field Office or Teleservice Centers (minutes)**	Total Annual Opportunity Cost (dollars)***
0960-0578 SSA-3369 (Paper Form) 404.1560 416.960	1,553,900	1,035,933	\$13.30*		\$13,777,909***
0960-0578 SSA-3369 (EDCS Screens) 404.1560 416.960	38,049	25,366	\$13.30*	102**	\$1,197,652***
<b>Totals</b>	<b>1,591,949</b>	<b>1,061,299</b>			<b>\$14,975,561***</b>

\* We based this figure on the average DI payments based on SSA's current FY 2024 (this

is the most current figures we have for the DI payments) data (<https://www.ssa.gov/legislation/2024FactSheet.pdf>); on the average U.S. citizen's hourly salary, as reported by Bureau of Labor Statistics data ([https://www.bls.gov/oes/current/oes\\_nat.htm](https://www.bls.gov/oes/current/oes_nat.htm)).

\*\* We based this figure on the average FY 2025 wait times for field offices and hearings office, as well as by averaging both the average FY 2025 wait times for field offices and teleservice centers, based on SSA's current management information data.

\*\*\* This figure does not represent actual costs that SSA is imposing on recipients of Social Security payments to complete this application; rather, these are theoretical opportunity costs for the additional time respondents will spend to complete the application. **There is no actual charge to respondents to complete the application.**

**NOTE:** The total burden reflected in ROCIS is **1,921,957**, while the burden cited in the chart above is **1,061,299**. This discrepancy is because the ROCIS burden reflects the following components: teleservice center and field office waiting time + a rough estimate of a 30-minute, one-way, drive burden. In contrast, the chart above reflects actual burden

**Note:** As per our agreement with OMB upon approval of the ICR for the FR (OMB No. 0960-0834), and our finalized revisions to the form, we are submitting this Change Request to move the above, already approved changes under the established OMB approval for Form SSA-3368.

Upon approval of this Change Request, the Change Requests for 0960-0300 and 0960-0579, we will discontinue the OMB approval for 0960-0834 to avoid double-counting the burden for these forms.