

Proposed

United States of America
Railroad Retirement Board

Form Approved
OMB No. 3220-0141

Vocational Report

Section 1 General Instructions

Be sure to read the Important Notice at the bottom of page 8.

Type or print legibly in ink. If you need more space than is provided to answer a question, attach a separate sheet of paper. If you do not know the answer to a question, print "Unknown" in the space provided for the answer. Additional forms may be obtained from the RRB office shown on page 9.

If you are completing this form on behalf of someone else, you must answer each question as it applies to **the applicant**.

Section 2 Identifying Information

Check the information entered by the Railroad Retirement Board (RRB) for Items 1 through 6 for accuracy.

- If the information is correct, **go to Section 3**.
- If the information is not correct, cross out the incorrect information and enter the correct information above it.
- If the information is missing, fill it in.

Employee Identification	1 Employee's Name		
	2 Employee's Social Security Number	XXX-XX-	
	3 Employee's Railroad Retirement Claim Number, if different from Item 2		
Applicant Identification	4 Applicant's Name		
	5 Applicant's Address (Include Street Address, City, State/Province, ZIP Code and Country)		
	6 Daytime Telephone Number:	Alternate Telephone Number:	

Section 3 Information About Your Work History

Work History	7 List all railroad and nonrailroad jobs you have had in the last 15 years, including any self-employment . Enter an "X" in the appropriate box to indicate whether the work was railroad or nonrailroad. If you have a 6 th grade education or less and performed only heavy unskilled labor for 35 years or more, list all of the jobs you have had since you began to work. NOTE 1: If you list only one job in Item 7, do not complete pages 4 through 7 . If you have more than 3 jobs to list, continue on another Form G-251. NOTE 2: Enter the appropriate job title(s) from Item 7a, b, and c, below, at the top of pages 2, 4, and 6. NOTE 3: If you are listing any self-employment or work for a business that you own, then also complete form AA-4, <i>Self-Employment and Substantial Service Questionnaire</i> .							
	Name of Employer	Job Title	Type of Business (Railroad or Nonrailroad)	Dates Worked				Hours per Week
				From		To		
				MO	YR	MO	YR	
	a.		☐ Railroad ☐ Nonrailroad					
b.		☐ Railroad ☐ Nonrailroad						
c.		☐ Railroad ☐ Nonrailroad						
Regular Occupation	8 Enter an "X" in the appropriate box: Are you applying for an employee occupational disability annuity?			☐ Yes - Go to Item 9 ☐ No - Go to Item 12				
	9 Enter the title of your usual railroad job in the last 5 years.							
	10 Enter the title of your usual railroad job in the last 15 years.							
	11 Enter an "X" in the appropriate box: Which job did you claim as your regular occupation?			☐ Job in Item 9 ☐ Job in Item 10				

Only complete pages 2 and 3 to provide a description of a job listed in Item 7a, _____.

Description of Job in Item 7a

12 Describe the essential duties of the position or occupation named in Item 7a. In that description include: 1) technical knowledge or skills involved; 2) any handwritten or typed reports to be completed; 3) any hand skills used; 4) any driving and/or operating of machinery; 5) the interactions you have with coworkers or the public; 6) any vision requirements; and 7) any supervisory responsibilities.

13 Describe the environmental conditions that the position described above exposes you to (i.e., walking on uneven terrain; heights; dangerous machinery; exposure to electric shock or high voltage; proximity to electromagnetic fields; temperature/humidity extremes; fumes; noxious gases; dust; excessive noise or vibration).

14 Indicate below the kind and amount of physical activity this job involved during a typical 8-hour workday. (The total hours shown should equal 8 hours or the exact number of hours worked daily.)

a. Check the number of hours a day spent:

(1) Standing/walking

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

(2) Sitting

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

b. Indicate in the chart below, the amount of time and a description of the physical action or activity involved during a typical 8-hour workday. If an action listed below does not apply to the position, enter "N.A." in the **Description of Physical Activity** column.

Action	Amount of Time				Description of Physical Activity
	Never	¹ Occasionally (Up to 1/3)	² Frequently (1/3 to 2/3)	³ Constantly (2/3 to 3/3)	
(1) Balancing (With or without equipment in all weather conditions and on any surface, including uneven terrain)	☐	☐	☐	☐	
(2) Bending	☐	☐	☐	☐	
(3) Twisting/Turning	☐	☐	☐	☐	
(4) Crouching/Squatting	☐	☐	☐	☐	
(5) Stooping	☒	☒	☒	☒	
(6) Kneeling	☐	☐	☐	☐	
(7) Reaching above shoulder level	☐	☐	☐	☐	

¹Occasionally means occurring from very little up to one-third (approx. 2-1/2 hours) of an 8-hour workday; cumulative, not continuous.

²Frequently means occurring one-third (approx. 2-1/2 hours) to two-thirds (approx. 5 hours) of an 8-hour workday; cumulative, not continuous.

³Constantly means occurring over two-thirds (approx. 5 hours) of an 8-hour workday; cumulative, not continuous.

Description of Job in Item 7a (cont.)	Action	Amount of Time				Description of Physical Activity	
		Never	¹ Occasionally (Up to 1/3)	² Frequently (1/3 to 2/3)	³ Constantly (2/3 to 3/3)		
14 b. (8)	Climbing (Indicate what is climbed such as stairs, ladder, etc.)	☐	☐	☐	☐		
(9)	Pushing/Pulling (Indicate what and how you pushed or pulled)	☐	☐	☐	☐		
(10)	Crawling under equipment to view, inspect, or repair	☐	☐	☐	☐		
(11)	Gripping/Holding	☐	☐	☐	☐		
(12)	Foot Control (Shifting of feet when using pedals, brakes, clutch, etc.)	☐	☐	☐	☐		
(13)	Fine manipulation (Fingering; keypunch; keyboard; pressing buttons; picking/pinching/turning knobs; etc.)	☐	☐	☐	☐		
(14)	Lifting/lowering/carrying	☐	☐	☐	☐		
a. Indicate the objects you lift/lower/carry							
b. Check the weight of the objects you lift/lower/carry		Heaviest Weight Lifted ☐ 10 lbs ☐ 20 lbs ☐ 50 lbs ☐ 100 lbs ☐ Over 100 lbs Weight Most Often Lifted/Carried ☐ Up to 10 lbs ☐ Up to 25 lbs ☐ Up to 50 lbs ☐ Over 50 lbs					
15 a. Has your employer made permanent adjustments to this job to accommodate you?						☐ Yes – Go to Item 15b ☐ No – Go to Item 16	
b. Describe any permanent accommodation(s) given (e.g., Job Duties, Work Schedule, Overtime Schedule, Attendance Schedule, etc.) and the start and end dates for each accommodation. If there is not an end date for the accommodation, enter "N/A."							
				From		To	
Yes	No			Month	Year	Month	Year
☐	☐	Job Duties	▶				
☐	☐	Work Schedule	▶				
☐	☐	Overtime Schedule	▶				
☐	☐	Attendance Schedule	▶				
☐	☐	Other	▶				

¹Occasionally means occurring from very little up to one-third (approx. 2-1/2 hours) of an 8-hour workday; cumulative, not continuous.

²Frequently means occurring one-third (approx. 2-1/2 hours) to two-thirds (approx. 5 hours) of an 8-hour workday; cumulative, not continuous.

³Constantly means occurring over two-thirds (approx. 5 hours) of an 8-hour workday; cumulative, not continuous.

Only complete pages 4 and 5 to provide a description of a job listed in Item 7b, _____.
Otherwise, go to page 8.

Description of
Job in Item
7b

16 Describe the essential duties of the position or occupation named in Item 7b. In that description include: **1) technical knowledge or skills involved; 2) any handwritten or typed reports to be completed; 3) any hand skills used; 4) any driving and/or operating of machinery; 5) the interactions you have with coworkers or the public; 6) any vision requirements; and 7) any supervisory responsibilities.**

17 Describe the environmental conditions that the position described above exposes you to (i.e., walking on uneven terrain; heights; dangerous machinery; exposure to electric shock or high voltage; proximity to electromagnetic fields; temperature/humidity extremes; fumes; noxious gases; dust; excessive noise or vibration).

18 Indicate below the kind and amount of physical activity this job involved during a typical 8-hour workday. (The total hours shown should equal 8 hours or the exact number of hours worked daily.)

a. Check the number of hours a day spent:

(3) Standing/walking

(4) Sitting

☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8
☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8

b. Indicate in the chart below, the amount of time and a description of the physical action or activity involved during a typical 8-hour workday. If an action listed below does not apply to the position, enter "N.A." in the **Description of Physical Activity** column.

Action	Amount of Time				Description of Physical Activity
	Never	¹ Occasionally (Up to 1/3)	² Frequently (1/3 to 2/3)	³ Constantly (2/3 to 3/3)	
(1) Balancing (With or without equipment in all weather conditions and on any surface, including uneven terrain)	☐	☐	☐	☐	
(2) Bending	☐	☐	☐	☐	
(3) Twisting/Turning	☐	☐	☐	☐	
(4) Crouching/Squatting	☐	☐	☐	☐	
(5) Stooping	☒	☒	☒	☒	
(6) Kneeling	☐	☐	☐	☐	
(7) Reaching above shoulder level	☐	☐	☐	☐	

¹Occasionally means occurring from very little up to one-third (approx. 2-1/2 hours) of an 8-hour workday; cumulative, not continuous.

²Frequently means occurring one-third (approx. 2-1/2 hours) to two-thirds (approx. 5 hours) of an 8-hour workday; cumulative, not continuous.

³Constantly means occurring over two-thirds (approx. 5 hours) of an 8-hour workday; cumulative, not continuous.

Description of Job in Item 7b (cont.)	Action	Amount of Time				Description of Physical Activity	
		Never	¹ Occasionally (Up to 1/3)	² Frequently (1/3 to 2/3)	³ Constantly (2/3 to 3/3)		
18 b. (7)	Climbing (Indicate what is climbed such as stairs, ladder, etc.)	☐	☐	☐	☐		
(9)	Pushing/Pulling (Indicate what and how you pushed or pulled)	☐	☐	☐	☐		
(10)	Crawling under equipment to view, inspect, or repair	☐	☐	☐	☐		
(11)	Gripping/Holding	☐	☐	☐	☐		
(12)	Foot Control (Shifting of feet when using pedals, brakes, clutch, etc.)	☐	☐	☐	☐		
(13)	Fine manipulation (Fingering; keypunch; keyboard; pressing buttons; picking/pinching/turning knobs; etc.)	☐	☐	☐	☐		
(14)	Lifting/lowering/carrying	☐	☐	☐	☐		
a. Indicate the objects you lift/lower/carry							
b. Check the weight of the objects you lift/lower/carry		Heaviest Weight Lifted ☐ 10 lbs ☐ 20 lbs ☐ 50 lbs ☐ 100 lbs ☐ Over 100 lbs Weight Most Often Lifted/Carried ☐ Up to 10 lbs ☐ Up to 25 lbs ☐ Up to 50 lbs ☐ Over 50 lbs					
19 a. Has your employer made permanent adjustments to this job to accommodate you?						☐ Yes – Go to Item 19b ☐ No – Go to Item 20	
b. Describe any permanent accommodation(s) given (e.g., Job Duties, Work Schedule, Overtime Schedule, Attendance Schedule, etc.) and the start and end dates for each accommodation. If there is not an end date for the accommodation, enter "N/A."							
				From		To	
Yes	No			Month	Year	Month	Year
☐	☐	Job Duties	▶				
☐	☐	Work Schedule	▶				
☐	☐	Overtime Schedule	▶				
☐	☐	Attendance Schedule	▶				
☐	☐	Other	▶				

¹Occasionally means occurring from very little up to one-third (approx. 2-1/2 hours) of an 8-hour workday; cumulative, not continuous.

²Frequently means occurring one-third (approx. 2-1/2 hours) to two-thirds (approx. 5 hours) of an 8-hour workday; cumulative, not continuous.

³Constantly means occurring over two-thirds (approx. 5 hours) of an 8-hour workday; cumulative, not continuous.

Only complete pages 6 and 7 to provide a description of a job listed in Item 7c, _____.
Otherwise, go to page 8.

Description of
Job in Item
7c

20	Describe the essential duties of the position or occupation named in Item 7c. In that description include: 1) technical knowledge or skills involved; 2) any handwritten or typed reports to be completed; 3) any hand skills used; 4) any driving and/or operating of machinery; 5) the interactions you have with coworkers or the public; 6) any vision requirements; and 7) any supervisory responsibilities.																																																								
21	Describe the environmental conditions that the position described above exposes you to (i.e., walking on uneven terrain; heights; dangerous machinery; exposure to electric shock or high voltage; proximity to electromagnetic fields; temperature/humidity extremes; fumes; noxious gases; dust; excessive noise or vibration).																																																								
22	Indicate below the kind and amount of physical activity this job involved during a typical 8-hour workday. (The total hours shown should equal 8 hours or the exact number of hours worked daily.) a. Check the number of hours a day spent: <table style="width: 100%; border: none;"> <tr> <td style="padding: 2px 10px;">(5) Standing/walking</td> <td style="text-align: center; padding: 2px 10px;">☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8</td> </tr> <tr> <td style="padding: 2px 10px;">(6) Sitting</td> <td style="text-align: center; padding: 2px 10px;">☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8</td> </tr> </table> b. Indicate in the chart below, the amount of time and a description of the physical action or activity involved during a typical 8-hour workday. If an action listed below does not apply to the position, enter "N.A." in the Description of Physical Activity column. <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="width: 45%;">Action</th> <th colspan="4">Amount of Time</th> <th rowspan="2" style="width: 55%;">Description of Physical Activity</th> </tr> <tr> <th style="width: 10%;">Never</th> <th style="width: 10%;">¹ Occasionally (Up to 1/3)</th> <th style="width: 10%;">² Frequently (1/3 to 2/3)</th> <th style="width: 10%;">³ Constantly (2/3 to 3/3)</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">(1) Balancing (With or without equipment in all weather conditions and on any surface, including uneven terrain)</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">(2) Bending</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">(3) Twisting/Turning</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">(4) Crouching/Squatting</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">(5) Stooping</td> <td>☒</td> <td>☒</td> <td>☒</td> <td>☒</td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">(6) Kneeling</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">(7) Reaching above shoulder level</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td></td> </tr> </tbody> </table>	(5) Standing/walking	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8	(6) Sitting	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8	Action	Amount of Time				Description of Physical Activity	Never	¹ Occasionally (Up to 1/3)	² Frequently (1/3 to 2/3)	³ Constantly (2/3 to 3/3)	(1) Balancing (With or without equipment in all weather conditions and on any surface, including uneven terrain)	☐	☐	☐	☐		(2) Bending	☐	☐	☐	☐		(3) Twisting/Turning	☐	☐	☐	☐		(4) Crouching/Squatting	☐	☐	☐	☐		(5) Stooping	☒	☒	☒	☒		(6) Kneeling	☐	☐	☐	☐		(7) Reaching above shoulder level	☐	☐	☐	☐	
(5) Standing/walking	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8																																																								
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(2) Bending	☐	☐	☐	☐																																																					
(3) Twisting/Turning	☐	☐	☐	☐																																																					
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Description of Job in Item 7c (cont.)	Action	Amount of Time				Description of Physical Activity	
		Never	¹ Occasionally (Up to 1/3)	² Frequently (1/3 to 2/3)	³ Constantly (2/3 to 3/3)		
22 b. (8)	Climbing (Indicate what is climbed such as stairs, ladder, etc.)	☐	☐	☐	☐		
(9)	Pushing/Pulling (Indicate what and how you pushed or pulled)	☐	☐	☐	☐		
(10)	Crawling under equipment to view, inspect, or repair	☐	☐	☐	☐		
(11)	Gripping/Holding	☐	☐	☐	☐		
(12)	Foot Control (Shifting of feet when using pedals, brakes, clutch, etc.)	☐	☐	☐	☐		
(13)	Fine manipulation (Fingering; keypunch; keyboard; pressing buttons; picking/pinching/turning knobs; etc.)	☐	☐	☐	☐		
(14)	Lifting/lowering/carrying	☐	☐	☐	☐		
a. Indicate the objects you lift/lower/carry							
b. Check the weight of the objects you lift/lower/carry		Heaviest Weight Lifted ☐ 10 lbs ☐ 20 lbs ☐ 50 lbs ☐ 100 lbs ☐ Over 100 lbs Weight Most Often Lifted/Carried ☐ Up to 10 lbs ☐ Up to 25 lbs ☐ Up to 50 lbs ☐ Over 50 lbs					
23 a. Has your employer made permanent adjustments to this job to accommodate you?						☐ Yes – Go to Item 23b ☐ No – Go to Item 24	
b. Describe any permanent accommodation(s) given (e.g., Job Duties, Work Schedule, Overtime Schedule, Attendance Schedule, etc.) and the start and end dates for each accommodation. If there is not an end date for the accommodation, enter "N/A."							
				From		To	
Yes	No			Month	Year	Month	Year
☐	☐	Job Duties	▶				
☐	☐	Work Schedule	▶				
☐	☐	Overtime Schedule	▶				
☐	☐	Attendance Schedule	▶				
☐	☐	Other	▶				

¹Occasionally means occurring from very little up to one-third (approx. 2-1/2 hours) of an 8-hour workday; cumulative, not continuous.

²Frequently means occurring one-third (approx. 2-1/2 hours) to two-thirds (approx. 5 hours) of an 8-hour workday; cumulative, not continuous.

³Constantly means occurring over two-thirds (approx. 5 hours) of an 8-hour workday; cumulative, not continuous.

Section 4**Certification**

Certification

- 24 Enter an "X" in the appropriate box:
I will have a guardian or other representative sign this report on
my behalf.

☐ Yes – Go to Note and Item 25
☐ No – Go to Item 25

Note: *If answered "Yes," the guardian or other representative of the
applicant must sign this report.*

- 25 I know that civil and criminal penalties may be imposed on me for false or fraudulent statements, or for
withholding information to misrepresent a fact material to determining a right to a payment under the
Railroad Retirement Act. I affirm that to the best of my knowledge, the information I have given
represents the complete truth.

Signature

(First Name, Middle Initial,
Last Name)

Month	Day	Year

Date

- 26 If this certification is signed by mark ("X") in Item 25, two witnesses who know the person signing must
sign below, giving their full addresses.

a. Signature of Witness

Address (Number and Street)

City, State, ZIP Code

b. Signature of Witness

Address (Number and Street)

City, State, ZIP Code

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

The Railroad Retirement Board is authorized to collect the information on this form under Section 7(b)(6) of the Railroad Retirement Act. While you are not required to respond, your cooperation is needed to provide information necessary to complete processing of the claim. If you fail to provide us with the requested information, we may be unable to pay you any benefits (as explained in Section 2(a) of the Railroad Retirement Act).

We estimate this form takes an average of 40 to 50 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 completion time, to Associate Chief Information Officer for Policy & Compliance, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-1275.

Before you return your report, check to make sure that:

- **Every** question that applies to you has been answered.
- You have entered "Unknown" in **any** answer space for which you were unable to answer a question.
- You have signed and dated the report.
- You have included **all** the needed proofs listed in the letter you received with this report.

When you received your report, you should have also received a pre-addressed envelope. If you do not have this envelope, you can use any envelope as long as it is addressed to the RRB office shown below. No matter which envelope you use, you must put the correct postage on the envelope. Be careful to provide enough postage because your report may weigh more than a standard letter. The U.S. Postal Service will not deliver your report unless it has the correct postage.

If you need information or assistance, contact:

U.S. RAILROAD RETIREMENT BOARD
OFFICE OF PROGRAMS/POLICY & SYSTEMS
844 NORTH RUSH STREET
CHICAGO, IL 60611-1275

 TELEPHONE NUMBER: 1-877-772-5772

If for some reason you cannot contact that office, you should contact:

U.S. RAILROAD RETIREMENT BOARD
844 NORTH RUSH STREET
CHICAGO, ILLINOIS 60611-1275