United States of America
Railroad Retirement Board

Form Approved
OMB No. 3220-0070

SUPPLEMENTAL REPORT OF SERVICE AND COMPENSATION

SOCIAL SECURITY NUMBER

EMPLOYEE'S NAME (FIRST, MIDDLE, LAST)

EMPLOYER / BA #

OCCUPATION

DEPARTMENT

LOCATION

PAYROLL NAME, IF DIFFERENT THAN SHOWN ABOVE

Completion of this report is required under provisions of section 5(b) of the Railroad Unemployment Insurance Act (RUIA). The purpose of the report is to obtain service and compensation information needed to determine eligibility for benefits under the RUIA.

We estimate this form takes an average of 8 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 Associate Chief Information Officer for Policy and Compliance, Railroad Retirement Board, 844 North Rush Street, Chicago Illinois 60611-1275.

EMPLOYER'S REPORT

PLEASE FURNISH THE INFORMATION CHECKED BELOW:

☐ ***SERVICE MONTHS***
Verify whether the employee worked or was paid compensation for the months checked. Enter "C" for each month that service is verified.

☐ ***SERVICE MONTHS AND COMPENSATION FOR YEAR(S):***
Enter the amount of the employee's compensation for each month worked or where pay was otherwise received. Do not include compensation over the monthly amount shown.

☐ ***RATE OF PAY FOR LAST DAY WORKED IN CALENDAR YEAR:***

_____ **PER** _____
AMOUNT (HOUR, DAY, MONTH, ETC.)

DO NOT INCLUDE MONTHLY COMPENSATION

OVER →				
YEAR →				
JAN				
FEB				
MAR				
APR				
MAY				
JUN				
JUL				
AUG				
SEP				
OCT				
NOV				
DEC				
TOTAL COMPENSATION				

RETURN THIS FORM TO:

RAILROAD RETIREMENT BOARD
SICKNESS AND UNEMPLOYMENT BENEFITS SECTION
PO BOX 10695
CHICAGO, ILLINOIS 60610-0695

Certification: The information contained in this report is true and correct to the best of my knowledge. Failure to report or the making of a false or fraudulent report can result in criminal prosecution or civil penalties, or both.

SIGNATURE

TITLE

DATE

REMARKS