

What We Need You To Do

Please have _____ direct supervisor or another person having direct knowledge of the employee's work activity complete the work activity questionnaire. We would appreciate it if you would complete, sign and return the questionnaire to this office within 7 days using the enclosed envelope. If you have any questions, or if you would rather provide this information over the telephone, please call () - _____ and ask for.

Thank you for your time and assistance.

Manager/Adjudicator Name
Position Title

Enclosure:
Work Activity Questionnaire

Privacy Act Statement
Collection and Use of Personal Information

Sections 201, 223(d)(4), 1612(b)(4) and 1614(a)(3)(D) of the Social Security Act as amended, [42 U.S.C. 401, 423(d)(4), 1382a(b)(4) and 1382c(a)(3)(D)] authorize us to collect this information. We will use the information you provide to help us in determining if your employee or former employee's work activity is/was subsidized or was an unsuccessful work attempt under the Social Security rules. The information you provide on this form is voluntary. However, failure to provide all or part of the requested information may prevent us from making an accurate and timely decision concerning this person's entitlement to benefit payments.

We rarely use the information you provide on this form for any purpose other than for the reasons explained above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records to other agencies.
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching agencies can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in our Systems of Records Notices entitled, Claims Folder System, 60-0089 and Supplemental Security Income Record and Special Veterans Benefits, 60-0103. The notices, additional information regarding this form, and information regarding our system and programs, are available on-line at www.socialsecurity.gov or at any local Social Security office.

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778)** . You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401 . Send only comments relating to our time estimate to this address, not the completed form.

WORK ACTIVITY QUESTIONNAIRE

Business Name: _____

Job Title: _____

Hourly Wage _____ Hours per Week _____

Date Work Started _____ Date Work Stopped _____

Section 1

- 1. Does the employee complete all the usual duties required for his/her position? Yes No
- 2. Is the employee able to complete all of the job duties without special assistance? Yes No
- 3. Does the employee regularly report for work as scheduled? Yes No
- 4. On average, does the employee complete his/her work in the same amount of time as employees in similar positions? Yes No
- 5. Please indicate the type(s) of special assistance, if any, the employee receives on the job that is not regularly given to other employees. (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Fewer or easier duties | <input type="checkbox"/> Frequent absences |
| <input type="checkbox"/> Irregular hours | <input type="checkbox"/> Lower production standards |
| <input type="checkbox"/> Special transportation | <input type="checkbox"/> Extra help/supervision |
| <input type="checkbox"/> Less hours | <input type="checkbox"/> Lower quality standards |
| <input type="checkbox"/> More breaks/rest periods | <input type="checkbox"/> Special equipment |

6. Based on the information above, approximately how would you rate the productivity of the employee compared to other employees in similar positions and similar pay rates?

- 50% or less of other employees' productivity
- 60% of other employees' productivity
- 70% of other employees' productivity
- 80% of other employees' productivity
- 90% of other employees' productivity
- 100% of other employees' productivity

7. Are you paying the employee more per hour than you would another employee in a similar position?

- Yes
- No

If Yes, what would you pay another employee in a similar position per hour?

Section 2

Unsuccessful Work Attempt

- 1. Was the person frequently absent from work? Yes
 No

- 2. Did the person do the work under special conditions such as with extra help/supervision, fewer/easier duties, frequent rest periods, or lower production? Yes
 No

- 3. Was the person's work satisfactory when compared to another employee who worked in a similar position? Yes
 No

Section 3

(Signature and Title)

(Date)

() -

(Telephone Number)