

REPORT OF WORK ACTIVITY

Name: _____ Last 4 of SSN: _____

Current or Most Recent Employers Name

Supervisor Name	Supervisor Phone No.		
Mailing Address	City	State	Zip Code

Job Title and Type of Work _____

Start Date	How did you get the job
------------	-------------------------

End Date (if ended) <input type="checkbox"/> Still working	If ended, how did job end? (terminated, health issues, temporary, doctor advised (provide name of doctor))
--	--

Rate of Pay \$ _____ per _____	Hours worked per week	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Employee <input type="checkbox"/> Self Employed
-----------------------------------	-----------------------	--	---

How often paid <input type="checkbox"/> Weekly <input type="checkbox"/> Bimonthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly	Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No	Type <input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal
--	---	---

Attach copies of all pay stubs from this employer or ask the employer for a wage print-out showing gross monthly earnings.

Remarks: _____

Date form completed: _____ Completed by: _____

OFFICE USE ONLY	Reviewed by:	Date:
Gross Wages		Claim Information
Weekly = hrly wage x 4.33	\$	Claim Type: CONCUR DIB SSI
Biweekly = hrly wage x 2.17	\$	Onset:
Semi-mthly = hrly wage x 2.0	\$	12 month period:
- \$85.00 Earned Income Exclusions	\$	Questions about work:
1/3 Reduction for 2022 = \$280.00	\$	Completed 820/821:
Total:	\$	SGA: