

SOCIAL SECURITY ADMINISTRATION  
RETIREMENT, SURVIVORS, AND DISABILITY INSURANCE

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SSA Office  
Address  
Phone/Fax  
Office Hours

November 24, 1999

Dear \_\_\_\_\_:

We are writing you about \_\_\_\_\_ who worked for you from \_\_\_\_\_ to \_\_\_\_\_. Please have the employee's direct supervisor or another person having direct knowledge of the employee's work complete the enclosed questionnaire (SSA-3033/ OMB No. 0960-0483). We need this information to decide whether the work is/was subsidized or was an unsuccessful work attempt under Social Security guidelines.

**Information About Subsidy**

A subsidy exists when an employer willingly pays more in wages than the value of the actual services performed. This is usually for humanitarian reasons. A subsidy can be reflected by giving the employee:

- extra assistance,
- full wages for lower quality or quantity than standard, or
- fewer and/or easier duties than usual for that position.

**Information About Unsuccessful Work Attempt**

An unsuccessful work attempt may exist if the employee had frequent absences, performed unsatisfactorily, and worked for six months or less.

It is in no way a negative reflection on the employee if you report a subsidy or an unsuccessful work attempt. We need this information to help us decide whether this individual can be entitled to Social Security benefits, in spite of his/her work.

**What We Need You To Do**

We would appreciate it if you see that this questionnaire is completed and returned to this office within 7 days. We have enclosed a return envelope for your convenience. The person who completes the questionnaire should sign and date it. If you have any questions, please call the number above and ask for \_\_\_\_\_.

Thank you for your time and assistance.

SSA  
Branch Manager

Enclosure(s):  
Work Activity Questionnaire  
Return Envelope

# SOCIAL SECURITY ADMINISTRATION WORK ACTIVITY QUESTIONNAIRE

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To \_\_\_\_\_.

Please answer the following questions. We have provided additional space at the end of this form for your answers or comments.

## Subsidy

- Do/did you consider his/her work to be fully worth the amount paid?  Yes  No  
If "yes", go to section titled "Unsuccessful Work Attempt".  
If "no", please answer all of the following questions.
- If you consider(ed) his/her work to be worth substantially less than the amount paid, please estimate the actual value of his/her services, if possible, and explain how you reached that figure. Express this either by a percentage or in dollars.

If you gave us an estimate, go to the section titled "Unsuccessful Work Attempt". If you cannot give us an estimate, please answer the following questions.

- Did you grant any of the following special considerations to allow this individual to work? (Check all that apply.)

_____ Fewer or easier duties	_____ Lower production
_____ Irregular hours	_____ Extra help/supervision
_____ Special transportation	_____ Lower quality
_____ Less hours	_____ Frequent absences
_____ More rest periods	_____ Special equipment

Please explain any items you checked above:

- How did/do you compute this person's actual pay? What factors did you consider in setting this pay rate?

## Unsuccessful Work Attempt

- Was the person frequently absent from work?  Yes  No
- 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
- Was the person's work satisfactory?  Yes  No
- If the person no longer works for you, when did his/her employment end and why? \_\_\_\_\_

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Space for any additional remarks you wish to provide:

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Tel No. ( ) \_\_\_\_\_