

Social Security Number:

Social Security Administration

Form Approved  
OMB No. 0960-0483

## 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is the employee able to complete all of the job duties without special assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the employee regularly report for work as scheduled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. On average, does the employee complete his/her work in the same amount of time as employees in similar positions?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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          |

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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)