

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