

Form SSA-821 Work Activity Report

Employee Information:

- Full Name: _____
- Social Security Number: _____
- Contact Number: _____

Work Details:

- Employer Name: _____
- Job Title: _____
- Start Date: _____
- End Date (if applicable): _____

Work Activities:

Date	Work Performed	Hours Worked	Earnings
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Accommodations Provided:

Additional Information:

Employee Certification:

- **Signature:** _____
- **Date:** _____

Authorized Representative (if applicable):

- **Name:** _____
- **Signature:** _____
- **Date:** _____