

Rural Timekeeping

RURAL CARRIER TIMEKEEPING

COURSE # 31G01-7

Accounting/Delivery
June, 2005

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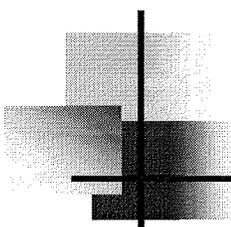
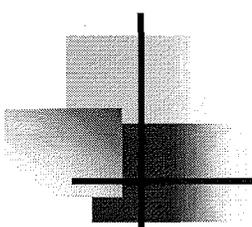


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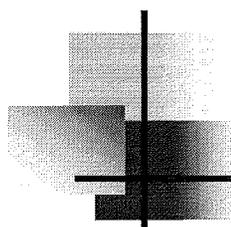
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References:**M-38****F-21, Chapter 5**



Rural Timekeeping Procedures

This presentation is intended to be a guide for learning the basics of Rural Carrier timekeeping. It is not a replacement for any USPS rules and regulations.



PS 4240 Rural Carrier Trip Report

PS 4240 Rural Carrier Trip Report

- Complete in ink
- Must be clear and legible
- 3 year retention (do not discard, until further notice)
- Entries made daily
- Verify entries at top every four weeks
- Signatures required

U.S. POSTAL SERVICE		POST OFFICE, STATE & ZIP+4 CODE		REPORTING PERIOD		ACCOUNTING PERIOD	
RURAL CARRIER TRIP REPORT (SEE INSTRUCTIONS ON REVERSE)		LEO NH 09900-0998		FROM	THRU	NO	THRU
				11/2/2002	10/31/2003	13	8/9/2003

REGULAR CARRIER		SUBSTITUTE CARRIER	
NAME	SOCIAL SECURITY NO.	NAME	SOCIAL SECURITY NO.
URA CARRIER	123-45-8789	IMA CARRIER	001-22-3333

OFFICIAL SCHEDULE OF CARRIER				ACTUAL NUMBER					
REPORTS	LEAVES	RETURNS	ENDS	REGULAR BOXES	CENTRAL BOXES	STOPS	AUTHORIZED DISCOUNTS	FAMILIES	DELIVERABLES
6:00	11:00	14:15	14:30	443	105	435	1	548	0

T H	REGULAR CARRIER	SUBSTITUTE	
O O	HOURS/HUNDRETHS	HOURS/HUNDRETHS	
T U	START OF AP	1722.50	320.50
A R	CURRENT AP	150.00	32.00
L S	END OF AP	1882.50	352.50

ROUTE	NO.	LENGTH (MILES)	CLASSIFICATION				WEEKLY ROUTE STANDARD HRS.	DAILY HOURS (EVALUATED)	BOXES UNPAID OVER 90 DAYS	
	002	25.50	X	L	M	J	A	48:00	8:00	0
			NON L	H	X	K				

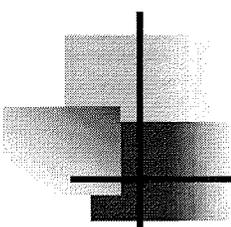
DELIVERY DATA							
RESIDENTIAL				BUSINESS			
OTHER	CLERK	NOON	OTHER	OTHER	CLERK	NOON	OTHER
1	447	0	108	0	0	0	0

DAY OF WEEK	DATE	CARRIER'S DAILY TIME RECORD					MANAGEMENT DAILY AND WEEKLY VERIFICATIONS					
		EXACT HOURS AND HUNDRETHS					TOTAL ACTUAL DAILY HOURS AND HUNDRETHS (LESS LUNCH)		DAILY OVERTIME	REGULAR CARRIER WEEKLY WORK HOURS	SUBSTITUTE CARRIER WEEKLY WORK HOURS	INITIALS OF MANAGER VERIFYING ENTRIES
		OFFICE	OFFICE	TO SERVE ROUTE	TO OFFICE	WORK AT OFFICE	PERIOD ACTUAL TIME	REG.	SUB.	(9)	(10)	(11)

REMARKS
(EXPLAIN ANY FAILURE TO SERVE ENTIRE ROUTE; INCLUDE MILES ACTUALLY SERVED. ALSO STATE CAUSE FOR ANY DEVIATION FROM SCHEDULE. IF REGULAR CARRIER WAS ABSENT, GIVE NAME OF RELIEF. IF MORE SPACE IS NEEDED, USE REVERSE OF THIS FORM.)

P	K	SAT	8/9/2003	6:00	11:00	14:15	14:30	0:30	K	8:00				IM MGR	IMA CARRIER
		MON	8/11/2003	6:00	11:00	14:15	14:30	0:30	8:00					IM MGR	
P	K	TUE	8/12/2003	6:00	11:00	14:15	14:30	0:30	8:00					IM MGR	
		WED	8/13/2003	6:00	11:00	14:15	14:30	0:30	8:00					IM MGR	
		THUR	8/14/2003	6:00	11:00	14:15	14:30	0:30	8:00					IM MGR	
		FRI	8/15/2003	6:00	11:00	14:15	14:30	0:30	8:00			40.00	8.00	IM MGR	
		SAT	8/16/2003	6:00	11:00	14:15	14:30	0:30	K	8:00				IM MGR	IMA CARRIER
P	K	MON	8/18/2003	6:00	11:00	14:15	14:30	0:30	8:00					IM MGR	
		TUE	8/19/2003	6:00	11:00	14:15	14:30	0:30	8:00					IM MGR	
		WED	8/20/2003	6:00	11:00	14:15	14:30	0:30	8:00					IM MGR	
		THUR	8/21/2003	6:00	11:00	14:15	14:30	0:30	8:00					IM MGR	
		FRI	8/22/2003	6:00	11:00	14:15	14:30	0:30	8:00			40.00	8.00	IM MGR	
P	K	SAT	8/23/2003	6:00	11:00	14:15	14:30	0:30	K	8:00				IM MGR	IMA CARRIER
		MON	8/25/2003	6:00	11:00	14:15	14:30	0:30	8:00					IM MGR	
		TUE	8/26/2003	6:00	11:00	14:15	14:30	0:30	8:00					IM MGR	
		WED	8/27/2003	6:00	11:00	14:15	14:30	0:30	8:00					IM MGR	
		THUR	8/28/2003	6:00	11:00	14:15	14:30	0:30	8:00					IM MGR	
P	K	FRI	8/29/2003	6:00	11:00	14:15	14:30	0:30	8:00			40.00	8.00	IM MGR	
		SAT	8/30/2003	6:00	11:00	14:15	14:30	0:30	K	8:00				IM MGR	IMA CARRIER
		MON	8/31/2003	6:00	11:00	14:15	14:30	0:30	8:00					IM MGR	
		TUE	9/1/2003	6:00	11:00	14:15	14:30	0:30	8:00					IM MGR	
		WED	9/2/2003	6:00	11:00	14:15	14:30	0:30	8:00					IM MGR	
P	K	THUR	9/4/2003	6:00	11:00	14:15	14:30	0:30	8:00					IM MGR	
		FRI	9/5/2003	6:00	11:00	14:15	14:30	0:30	8:00			40.00	8.00	IM MGR	

I CERTIFY THAT THIS REPORT IS CORRECT, AND THAT ENTRIES HAVE BEEN MADE PROMPTLY DAILY.				I CERTIFY THAT ALL ENTRIES HAVE BEEN COMPLETED AND VERIFIED.			
CARRIER'S SIGNATURE			DATE	POSTMASTER OR DESIGNATED SUPERVISOR'S SIGNATURE			DATE



Daily Completion of PS Form 4240

↳ PS Form 4240

↳ Line by Line (1-31)

↳ Lines 1-7 (Self-explanatory)

↳ Lines 8-11 Establishing schedules

Daily Completion of PS Form 4240

332.3 Carriers' Schedule

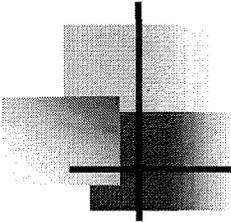
.31 The carrier's reporting and work schedule should be planned to prevent lost time. The work schedule is normally determined by the office and route standards shown on the most recent Form 4241-A, *Rural Route Evaluation*. Carriers should not be scheduled prior to the first receipt of mail.

Example: Evaluated Hours as Shown on Form 4241-A

<u>Weekly Evaluation</u>			<u>Average Daily Time</u>		
Office	Route	Total	Office	Route	Total
16:12	27:25	43:37	2:42	4:34	7:16

.32 Daily schedules shall be established to coincide with the daily evaluation of the route and adjusted periodically as required. (Schedules should allow time for distribution of sufficient quantity of mail to the carrier prior to the scheduled reporting time.)

Note: a. If lunch is taken, the schedule must be adjusted accordingly, i.e. the returning and ending time must be extended by the time taken for lunch.



Daily Completion of PS Form 4240

- ↳ Line by Line (1-31)
 - ↳ Lines 12-17 Updating AMS data
 - ↳ Line 18 (Self-explanatory)
 - ↳ Line 19 Official mileage (latest 4003)
 - ↳ Line 20 Route classification

Daily Completion of PS Form 4240

"H" ROUTES

41	(40:30 TO 41:29)
42	(41:30 TO 42:29)
43	(42:30 TO 43:29)
44	(43:30 TO 44:29)
45	(44:30 TO 45:29)
46	(45:30 TO 46:29)

"J" ROUTES

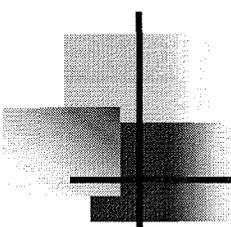
41	(44:11 TO 45:15)
42	(45:16 TO 46:21)
43	(46:22 TO 47:27)
44	(47:28 TO 48:32)
45	(48:33 TO 49:37)
46	(49:38 TO 50:43)

"K" ROUTES

40	(47:24 TO 48:35)
41	(48:36 TO 49:47)
42	(49:48 TO 50:59)
43	(51:00 TO 52:11)
44	(52:12 TO 53:23)
45	(53:24 TO 54:35)
46	(54:36 TO 55:47)
47	(55:48 TO 56:59)
48	(57:00 TO 57:36)

"L" Route - > 12 Deliveries per mile

Non "L" Route - < 12 Deliveries per mile



Daily Completion of PS Form 4240

↳ Lines 1 - 31 (continued)

↳ Lines 21-22 Standard Hours/Daily Evaluated Hours

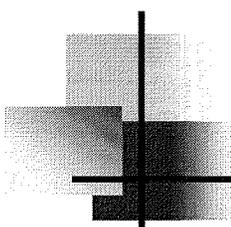
↳ Line 23 Boxes Vacant Over 90 Days

↳ Lines 24-25 Guaranteed Period/Tracking for 2080/2240

Daily Completion of PS Form 4240

- ↳ Rural carrier's should not be allowed to exceed 2080/2240 hours because:
 - ↳ Rural carriers receive overtime for hours worked in excess of 2080
 - ↳ Rural carrier's salary recalculated if 2240 hours is exceeded

GUARANTEE PERIOD		ACCOUNTING PERIOD		
FROM	THRU	NO.	FROM	THRU
11/4/00	11/3/01	8	3/24/01	4/20/01
T	H	RURAL CARRIER		SUBSTITUTE
O	O	HOURS/HUNDREDTHS		HOURS/HUNDREDTHS
T	U	START OF A/P	1932.00	612.50
A	R	CURRENT A/P		
L	S	END OF A/P		



Daily Completion of PS Form 4240

↳ Lines 1 - 31 (continued)

↳ Line 26 Delivery Data - Use of Edit Book

↳ Line 27 Recording of time by rural carrier -
hrs and minutes (Slide on breaks/lunch)

Daily Completion of PS Form 4240

Lunch/Break Column

↳ Smoking

↳ Personal Phone Calls

↳ Coffee Break

↳ Talking/Visiting

↳ Eating Lunch

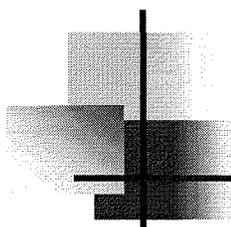
↳ Office Breaks

↳ A regular carrier can avoid using some of their leave by writing down a break every day

↳ 10 min/day = 50 min/wk = 2500 min/year = 41 hrs

↳ 20 min/day = 100 min/wk = 5000 min/year = 82 hrs

↳ 30 min/day = 150 min/wk = 7500 min/year = 123 hrs



Daily Completion of PS Form 4240

↳ Lines 1 - 31 (continued)

↳ Line 28 Daily verification, totals and initials by (management. Recorded in hours and hundredths. Handout - DACA Codes).

Daily Completion of PS Form 4240

U. S. POSTAL SERVICE RURAL CARRIER TRIP REPORT (SEE INSTRUCTIONS ON REVERSE)				POST OFFICE, STATE & ZIP + 4 CODE LEO NH 99999-9998											
REGULAR CARRIER				SUBSTITUTE CARRIER											
NAME URA CARRIER				SOCIAL SECURITY NO. 123-45-0002				NAME DAVE CARRIER				SOCIAL SECURITY NO. 001-22-3333			
OFFICIAL SCHEDULE OF CARRIER						ACTUAL NUMBER									
REPORTS	LEAVES	RETURNS	ENDS	REGULAR BOXES	CENTRAL BOXES	STOPS	AUTHORIZED DISMOUNTS	FAMILIES	BUSINESSES						
6:00	10:15	2:18	3:45	443	105	435	1	548	0						
ROUTE	NO.	LENGTH (MILES)	CLASSIFICATION				WEEKLY ROUTE STANDARD HRS.	DAILY HOURS (EVALUATED)	BOXES VACANT OVER 90 DAYS						
002		36.69	<input checked="" type="checkbox"/> L	<input type="checkbox"/> M	<input type="checkbox"/> J	<input type="checkbox"/> A	56:57	9:30	0						
DAY OF WEEK	DATE	CARRIER'S DAILY TIME RECORD (EXACT HOUR AND HUNDREDTHS)					MANAGEMENT DAILY AND WEEKLY VERIFICATIONS								
		RPTD. AT POST OFFICE	LEFT OFFICE TO SERVE ROUTE	RTND. TO POST OFFICE	COMP. WORK AT POST OFFICE	LUNCH PERIOD ACTUAL TIME	TOTAL ACTUAL DAILY HOURS AND HUNDREDTHS (LESS LUNCH)	DAILY OVERTIME	REGULAR CARRIER WEEKLY WORK HOURS	SUBSTITUTE CARRIER WEEKLY WORK HOURS	INITIALS OF MANAGER VERIFYING ENTRIES				
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)		
P 1	SAT	3/24/01	6:00	9:40	1:45	4:00	0:15	K	9.75				IM MGR		
	MON	3/26/01	6:00	10:15	2:30	4:20	0:15	10.08		WEEKLY OVERTIME		IM MGR			
	TUE	3/27/01	6:00	10:40	2:50	4:50	0:15	10.58				IM MGR			
	WED	3/28/01	6:00	10:20	2:20	3:50	0:15	9.58				IM MGR			
	THUR	3/29/01	6:00	10:45	2:45	4:00	0:15	9.75		WEEK 1	WEEK 1	IM MGR			
FRI	3/30/01	6:10	11:05	3:05	4:35	0:15	10.16		50.15	9.75	IM MGR				
P 8	SAT	3/31/01	6:00	10:00	1:40	3:50	0:15	K	9.58			IM MGR			
	MON	4/2/01	6:00	10:20	2:35	4:15	0:15	10.00		WEEKLY OVERTIME		IM MGR			
	TUE	4/3/01	6:00	10:15	2:20	4:00	0:15	9.75				IM MGR			
	WED	4/4/01	6:00	10:30	2:45	4:30	0:15	10.25				IM MGR			
	THUR	4/5/01	6:00	11:00	3:10	4:50	0:15	10.58		WEEK 2	WEEK 2	IM MGR			
FRI	4/6/01	6:00	10:50	2:55	4:35	0:15	10.33		50.91	9.58	IM MGR				

Daily Completion of PS Form 4240

DACA Codes

A - Annual Leave	R - Relief Day Worked (No Sub)
B - Holiday Worked - Non-Rural Assignment	S - Sick Leave
C - Cont. of Pay	T - Training
D - Donated Leave	U - Absent W/O Leave
E - Limited Duty	V - Holiday Work (Rural Assignment)
F - QWL/EI	W - IOD/LWOP
G - Relief Day Taken (QWL \ EI)	X - Relief Day Taken (Previous "R")
H - Holiday Leave	Y - Relief Day Worked -(Non-Rural Assignment)
J - 11-Day Route	Z - Steward Duty
K - 10-Day Route	2 HQ Authorized Admin Leave
L - Leave W/O Pay	3 - Required to Work Relief Day (50% of Daily Evaluation + 1 X- Day later)
M - Military Leave	4 - Disciplinary Day of Reflection
N - Military LWOP	5 - Required to Work Relief Day (150% of Daily Evaluation)
O - Other Leave (Reason MUST be given)	6 - Court Leave
P - Work Hours Other Than Rural	

Daily Completion of PS Form 4240

X- Used to compensate regular carriers for working on their scheduled day off, hours recorded on FLASH as paid work hours when used.

F- Used for a full day of QWL/EI related work.

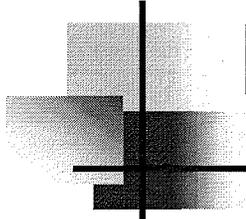
- a. Work hours are recorded and accumulated toward 2,080.
- b. Dollars are also accumulated.
- c. Should only be used for days when more than 4 hours QWL/EI time are performed by the regular carrier.

G- used by regular carriers who have performed a full day of QWL/EI time on their assigned day off. The "G" day is the equivalent of an "X" day.

R- An X day to be immediately scheduled by mutual agreement between the carrier and the Employer. The scheduled X day must be within the next twelve (12) weeks.

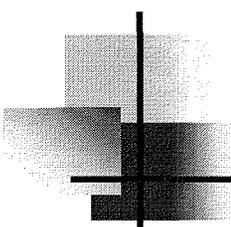
3- Compensation at 50% of the carrier's daily rate of pay, in addition receiving an X day within twelve (12) weeks as scheduled by the Employer.

5- Compensation at 150% of the carrier's daily rate of pay. The carrier will not receive an X day.

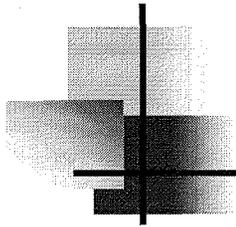


Daily Completion of PS Form 4240

- ↳ Lines 1 - 31 (continued)
 - ↳ Line 29 Remarks - Detailed explanation of items recorded in remarks column.
 - ↳ Lines 30-31 Signature and dates at end of AP certifying information is correct by carrier and management.



CARD TYPES



CARD TYPES

- PS 1314 Regular Rural Carrier Time Certificate
- PS 1314-A Auxiliary Carrier Time Certificate
- PS 1234 Utility Card
- PS 1314-F FMLA

CARD TYPES

PS 1314 Regular Rural Carrier Time Certificate

NAME OF ASSIGNED CARRIER		FINANCE NUMBER		SOCIAL SECURITY NUMBER			DES / ACT	RT. NO.		FLSA	YR.	PP						
WK	ACTUAL WKLY HRS	DAYS ASSIGNED CARRIER ABSENT						DAILY OVERTIME	TRAINING HOURS	COP HRS	LIMITED DTY HRS	RELIEF HOURS	RTE DEV	GT VEH	MILES OMIT	XMAS ASSIST WORK HOURS		
		SAT	MON	TUE	WED	THUR	FRI											
1																		
2																		
DES / ACT		NAME OF RELIEF CARRIER		SOCIAL SECURITY NUMBER		ACTUAL WKLY HRS		WEEK 1 INFORMATION			WEEK 2 INFORMATION			WHOLE MILES				
								TR	NO EM	EM	WHOLE MILES DEV + OMIT -		ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES DEV + OMIT -	
THIS CERTIFIES THAT THE ABOVE CARRIER RENDERED SERVICE IN COMPLIANCE WITH POSTAL REGULATIONS							POSTMASTER'S SIGNATURE					DATE			CARRIER INITIAL			

REGULAR RURAL CARRIER TIME CERTIFICATE

EMA Codes

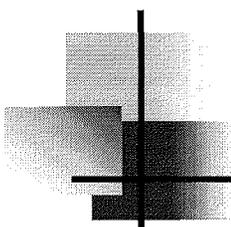
Preceding the regular rural carrier's Social Security number on the preprinted Form 1314 is an EMA code of E or G.

EMA Code E — Rural Carrier Furnishes Own Vehicle

JONES		M		01-1023		E		459-26-9546		710		K001		B		96		18		
Name of Assigned Carrier				Finance Number				Social Security Number				Des/Act		Rt. No.		FLSA		Yr. PP		
Wk	Actual Wkly Hrs	Days Assigned Carrier Absent (codes on reverse)						Daily Overtime	Training Hours	COP Hrs	Limited Dty Hrs	Travel Hours	Rte Dev	OT Veh	Miles Omit	XMAS ASSIST WORK HOURS				
		Sat.	Sun.	Tue.	Wed.	Thur.	Fri.													
1	Hrs Min						Hrs Min	Hrs Min		Hrs Min	Hrs Min					Hrs Min				
2	Hrs Min						Hrs Min	Hrs Min		Hrs Min	Hrs Min					Hrs Min				

EMA Code G — Rural Carrier Is Furnished a Government Vehicle

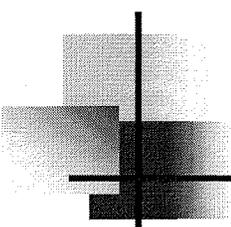
MILES		G		24-3162		G		251-26-7361		710		J001		B		96		18		
Name of Assigned Carrier				Finance Number				Social Security Number				Des/Act		Rt. No.		FLSA		Yr. PP		
Wk	Actual Wkly Hrs	Days Assigned Carrier Absent (codes on reverse)						Daily Overtime	Training Hours	COP Hrs	Limited Dty Hrs	Travel Hours	Rte Dev	OT Veh	Miles Omit	XMAS ASSIST WORK HOURS				
		Sat.	Sun.	Tue.	Wed.	Thur.	Fri.													
1	Hrs Min						Hrs Min	Hrs Min		Hrs Min	Hrs Min					Hrs Min				
2	Hrs Min						Hrs Min	Hrs Min		Hrs Min	Hrs Min					Hrs Min				



EMA Codes

The rural carrier is responsible for furnishing all vehicle equipment needed to handle the mail safely and promptly unless a Postal Service owned or leased vehicle is assigned to the route. When the carrier furnishes the vehicle (POV), equipment maintenance allowance (EMA) is paid. The following provisions will determine the payment of EMA.

The EMA code represents the standard method of computing equipment maintenance allowance. A daily EMA rate is developed for each rural route based on the number of stops in relation to the number of route miles. This rate cannot fall below the minimum daily trip rate in effect for 260 stops and 8 miles.

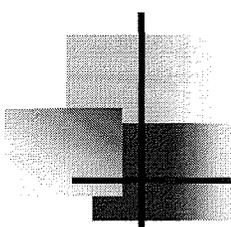


EMA Codes - E

EMA Code E

The EMA rate is paid to the regular assigned carrier for all days considered workdays, or to the relief carrier(s) for the number of trips recorded in the Trips block on Form 1314

Whenever an assigned carrier uses a government vehicle, enter the number of trips in the Government Vehicle Used (GT Veh. Used) block for the appropriate week on Form 1314. This will reduce the number of trips for the week, and EMA will be reduced at the appropriate rate. For a relief carrier, record the appropriate weekly trips in the No EM block whenever a government vehicle is used.



EMA Codes - E

HOW TO RECORD TRIP INFORMATION WHERE A LLV IS USED ON A ROUTE WHERE THE CARRIER PROVIDES THE VEHICLE – REGULAR ROUTE

1. CARRIER NORMALLY SERVES ROUTE WITH POV.
2. DOCUMENT ON PS 4240 THAT LLV WAS PROVIDED.
3. VALID METHOD FOR ROUTES WITH EMA CODE "E".

RECORDING PROCEDURES:

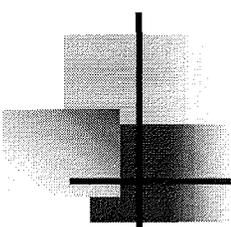
1. ENTER NUMBER OF TRIPS WHERE THE LLV WAS PROVIDED IN THE "GT VEH" BLOCK PS 1314 FOR REGULAR CARRIERS.
2. FINISH COMPLETELY PS 1314 PER NORMAL TIMEKEEPING PROCEDURES.
3. NO EMA PAID FOR TRIP(S) FOR SUB CARRIER ON ROUTE.
4. ENTER NUMBER OF TRIPS WHERE LLV WAS PROVIDED IN "NO EMA" COLUMN.
5. FINISH COMPLETELY PS 1314 PER NORMAL TIMEKEEPING PROCEDURES.
6. NO EMA PAID FOR TRIP(S).

EMA Codes – E

Route Without Government Vehicle Assigned

CARRIER U				12-3456	E 123-45-6789			71	K002	B	04	05					
NAME OF ASSIGNED CARRIER				FINANCE NUMBER	SOCIAL SECURITY NUMBER			DES/ACT	RT. NO.	FLSA	YR.	PP					
WK	ACTUAL WKLY HRS	DAYS ASSIGNED CARRIER ABSENT						DAILY OVERTIME	TRAINING HOURS	COP HRS	LIMITED DTY HRS	RELIEF HOURS	RTE DEV	GT VEH	MILES OMIT	XMAS ASSIST WORK HOURS	
		SAT	MON	TUE	WED	THUR	FRI										
1	50.15	K											1				
2	50.91	K															
				WEEK 1 INFORMATION						WEEK 2 INFORMATION							
DES/ACT	NAME OF RELIEF CARRIER	SOCIAL SECURITY NUMBER	ACTUAL WKLY HRS	TR	NO EM		WHOLE MILES		ACTUAL WKLY HRS	TR	NO EM		WHOLE MILES				
					EM	EM	DEV +	OMIT -			DEV +	OMIT -					
780	CARRIER D	001-22-3333	9.75		1				9.58	1							
LLV Used																	
THIS CERTIFIES THAT THE ABOVE CARRIER RENDERED SERVICE IN COMPLIANCE WITH POSTAL REGULATIONS				POSTMASTER'S SIGNATURE						DATE				CARRIER INITIAL			

REGULAR RURAL CARRIER TIME CERTIFICATE



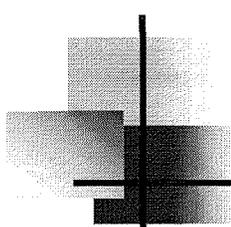
EMA Codes – G

EMA Code G

Code G indicates a Postal Service owned or leased vehicle is assigned to the route. The regular assigned carrier and any relief carriers do not receive EMA.

When circumstances require the regular or relief carrier to provide a vehicle, EMA will be payable at the daily rate. To pay the regular carrier EMA, record the number of payable trips in the GT Veh. Used block for that week on Form 1314.

To pay the relief carrier providing a vehicle on the assigned government vehicle route, record the number of payable trips in the appropriate weekly EM Only block.



EMA Codes – G

HOW TO RECORD TRIP INFORMATION WHERE A LLV IS ASSIGNED BUT THE CARRIER PROVIDES THE VEHICLE INSTEAD – REGULAR ROUTE

1. CARRIER NORMALLY SERVES ROUTE WITH LLV.
2. DOCUMENT ON PS 4240 THAT CARRIER PROVIDED POV.
3. VALID METHOD FOR ROUTES WITH EMA CODE "G".

RECORDING PROCEDURES:

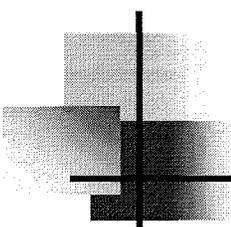
1. ENTER NUMBER OF TRIPS WHERE CARRIER PROVIDED POV IN "GT VEH" BLOCK PS 1314 FOR REGULAR CARRIERS.
2. FINISH COMPLETELY PS 1314 PER NORMAL TIMEKEEPING PROCEDURES.
3. EMA PAID FOR TRIP(S) FOR SUB CARRIER ON ROUTE.
4. ENTER NUMBER OF TRIPS WHERE SUB CARRIER PROVIDED POV IN "EM" COLUMN.
5. FINISH COMPLETELY PS 1314 PER NORMAL TIMEKEEPING PROCEDURES.
6. EMA PAID FOR TRIP(S).

EMA Codes - G

Route With Government Vehicle Assigned

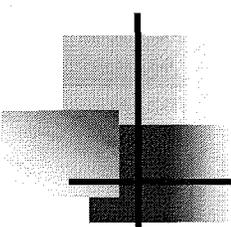
CARRIER U			12-3456			G 12345-6789			71		K002		B	04	05			
NAME OF ASSIGNED CARRIER			FINANCE NUMBER			SOCIAL SECURITY NUMBER			DES / ACT		RT. NO.		FLSA	YR.	PP			
WK	ACTUAL WKLY HRS	DAYS ASSIGNED CARRIER ABSENT					DAILY OVERTIME	TRAINING HOURS	COP HRS	LIMITED DTY HRS	RELIEF HOURS	RTE DEV	GT VEN	MILES OMIT	XMAS ASSIST WORK HOURS			
		SAT	MON	TUE	WED	THUR										FRI		
1	50.15	K										1						
2	50.91	K																
WEEK 1 INFORMATION								WEEK 2 INFORMATION										
DES/ACT	NAME OF RELIEF CARRIER		SOCIAL SECURITY NUMBER			ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES DEV + OMIT -		ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES DEV + OMIT -		
780	CARRIER D		001-22-3333			9.75			1			9.58	1					
POV Used																		
THIS CERTIFIES THAT THE ABOVE CARRIER RENDERED SERVICE IN COMPLIANCE WITH POSTAL REGULATIONS										POSTMASTER'S SIGNATURE			DATE			CARRIER INITIAL		

REGULAR RURAL CARRIER TIME CERTIFICATE



DES ACT CODES

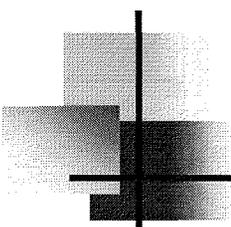
- 70-0 - Temporary Relief Carrier (359 Day Appointment)
- 70-1 - Temporary Relief Carrier (359 Day Appointment not to exceed 180 days worked in a calendar year)
- 71-0 - Regular rural carrier
- 72-0 - Substitute rural carrier serving a vacant route, or serving the route in the absence of the regular carrier in excess of 90 calendar days
- 73-0 - Substitute rural carrier
- 74-0 - Rural carrier associate serving vacant route, or serving the route in the absence of the regular carrier in excess of 90 calendar days
- 75-0 - Rural carrier relief
- 76-0 - Part-time-flexible rural carrier
- 77-0 - Auxiliary rural carrier
- 78-0 - Rural carrier associate
- 79-0 - Rural carrier associate assigned to an auxiliary route in excess of 90 calendar days
- 99-0 - Non Rural postal employee



DES ACT CODES

Designation Code 70 - Temporary Relief Carrier (TRC)

1. Temporary relief carriers are limited term, non-bargaining unit employees who provide service as a leave replacement or auxiliary assistant or provide coverage on auxiliary routes or vacant regular routes. There is no limit on the hiring of TRCs, provided the number of bargaining unit leave replacements (Substitutes, RCAs, and RCRs) in the district equals or is more than 80% of the number of regular routes in the district. When the number of bargaining unit leave replacements in the district is less than 80%, RCAs are the only leave replacement employees that may be hired.
2. TRCs will be hired pursuant to such procedures as the Employer may establish. Except as provided in #3. below, TRCs will be hired for terms not to exceed 359 calendar days and will have a break in service of at least 6 days between appointments.



DES ACT CODES

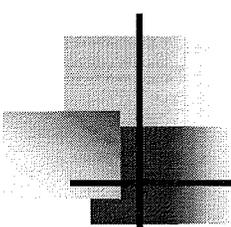
3. TRCs hired from the annuitant ranks (Des. Code 70-1) will be hired for terms not to exceed 359 days, with a break in service of at least 6 days between appointments, and will further be limited to 180 work days within each calendar year

Designation Code 71 - Regular Carrier

For administrative and reporting purposes, regular rural carriers who serve on an established rural route on the basis of five (5), five-and-a-half (5 ½), or six (6) days in a service week, are considered to be full-time employees

Designation Code 73 - Substitute Rural Carriers

Substitute rural carriers are those employees hired prior to July 21, 1981, with an appointment without time limitation.



DES ACT CODES

Designation Code 74 - Rural Carrier Associate (RCA)

Rural Carrier Associates appointed via Form 50 to serve full time on a vacant route or in the absence of the regular carrier for more than 90 calendar days.

Designation Code 75 - Rural Carrier Relief (RCR)

Rural Carrier Relief employees were hired between July 21, 1981, and November 12, 1986, without time limitation

Designation Code 76 - Part-time Flexible Rural Carriers

Part-time flexible rural carriers are those substitutes or rural carrier associates appointed following an assignment posting. These employees provide service on regular and auxiliary routes as directed by management

DES ACT CODES

Designation Code 77 - Auxiliary Rural Carrier

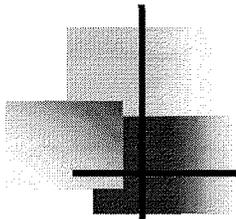
Persons hired prior to 1981 to serve an auxiliary rural route without time limitation.

Designation Code 78 - Rural Carrier Associate (RCA)

Rural carrier associates are those employees hired from a register or reassigned from rural carrier relief or auxiliary carrier positions, on or after April 11, 1987, without time limitation.

Designation Code 79 - Rural Carrier Associates (RCA)

Rural Carrier Associates appointed via Form 50 after being assigned to the auxiliary route for more than 90 calendar days.

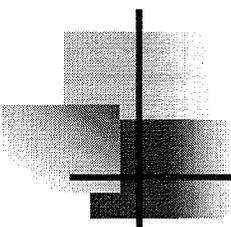


FLSA CODES

FLSA Code A

FLSA code A applies to newly appointed regular and substitute rural carriers (Designation 72) appointed after the beginning of the guarantee period to a route having 35 or more standard hours per week who do not agree in writing to terminate the guarantee at the end of the guarantee period. The regular rural carrier will automatically be converted to FLSA code B at the beginning of the next guarantee period.

Employees assigned to FLSA code A are compensated for actual weekly work hours on an hourly basis. Compensation is the annual salary attained step of a 40-hour evaluated route divided by 2,080 for the regular carrier (Designation 71) and 2,000 for the substitute carrier (Designation 72). This hourly rate is applied to the first 40.00 hours, and 150 percent of the hourly rate is used for overtime. Overtime for FLSA code A carriers is paid for hours worked in excess of 8 hours per day or 40 hours per week.



FLSA CODES

FLSA Code B

FLSA code B applies to newly appointed regular rural carriers (Designation 71) and substitute rural carriers (Designation 72) who agree in writing to terminate the guarantee agreement at the end of the guarantee period. In addition, this code applies to all regular rural carriers (Designation 71) who were on the rolls at the beginning of the contract period assigned to RCS (mileage) routes having 31 or more paid miles or to evaluated routes having 35 or more standard hours.

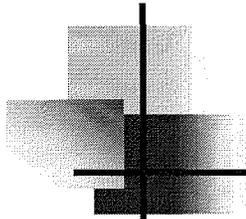
Compensation is the evaluated daily rate, as determined in Time and attendance Handbook, F-21, section 561.3, times the number of work and/or leave days.

FLSA CODES

561.31 Base or Basic Daily and Hourly Rates Base or basic daily and hourly rates are determined by dividing the base or Basic Annual Rate (BAR) as indicated in exhibit.

Daily and Hourly Rate

Route Type	Regular Carrier		Substitute Carrier	
	Evaluated Daily Rate	Evaluated Hourly Rate	Evaluated Daily Rate	Evaluated Hourly Rate
H or M (6-day workweek)	$\text{BAR} \div 312$	$\text{BAR} \div 2,496$	$\text{BAR} \div 302$	$\text{BAR} \div 2,416$
J (5.5-day workweek)	$\text{BAR} \div 286$	$\text{BAR} \div 2,288$	$\text{BAR} \div 276$	$\text{BAR} \div 2,208$
K (5-day workweek)	$\text{BAR} \div 260$	$\text{BAR} \div 2,080$	$\text{BAR} \div 250$	$\text{BAR} \div 2,000$



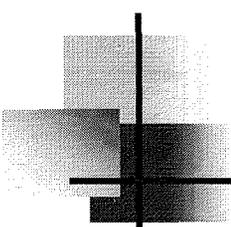
FLSA CODES

FLSA Code N

FLSA code N applies only to regular rural carriers assigned to evaluated routes having less than 35 hours of required service per week or mileage routes that have less than 31 paid miles.

Compensation is the route evaluation (evaluated or mileage rate) plus overtime for hours worked over 40 hours per week at 50 percent of the FLSA regular weekly rate. This rate is calculated by dividing the regular (evaluated) weekly pay by the hours actually worked (includes hours over 40). Therefore, this rate will fluctuate from week to week depending on the total weekly hours.

Compensation is the evaluated daily rate, as determined in 561.3, times the number of workdays.

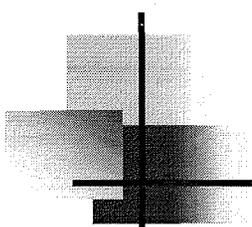


FLSA CODES

FLSA Code L

FLSA code L applies to PTF Rural Carriers (Designation 76) assigned to routes where the assigned regular carrier (Designation 71) on the route has a FLSA code N. It applies to all substitute rural carriers (Designation 73) performing service on any regular rural route. FLSA code L does not apply to auxiliary routes.

Compensation is based on the route evaluation, provided the carrier does not work in excess of 40 hours per week. Such PTFs (Designation 76) or substitutes (Designations 73) who work more than 40 hours within the week will be compensated at RSC B, attained step for the 40 hours and at 150 percent of the annual hourly rate for those work hours in excess of 40.



FLSA CODES

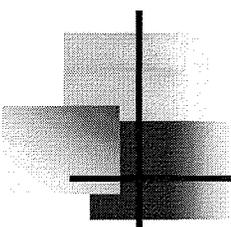
FLSA Code P

FLSA code P applies to auxiliary rural carriers (Designation 77), rural carrier relief (Designation 75), and rural carrier associates (Designations 74, 78, and 79). It applies to substitute rural carriers (Designation 73) when service is recorded on Form 1314-A, Auxiliary Rural Carrier Time Certificate.

Compensation for auxiliary rural carriers (Designation 77) is RSC B attained step. Overtime is compensated at 150 percent of the annual hourly rate for hours worked in excess of 40 per week.

Completing PS Form 1314

U. S. POSTAL SERVICE RURAL CARRIER TRIP REPORT (SEE INSTRUCTIONS ON REVERSE)				POST OFFICE, STATE & ZIP + 4 CODE LEO NH 99999-9998								
REGULAR CARRIER					SUBSTITUTE CARRIER							
NAME URA CARRIER				SOCIAL SECURITY NO. 123-45-0002		NAME DAVE CARRIER			SOCIAL SECURITY NO. 001-22-3333			
OFFICIAL SCHEDULE OF CARRIER					ACTUAL NUMBER							
REPORTS	LEAVES	RETURNS	ENDS	REGULAR BOXES	CENTRAL BOXES	STOPS	AUTHORIZED DISMOUNTS	FAMILIES	BUSINESSES			
6:00	10:15	2:18	3:45	443	105	435	1	548	0			
ROUTE	NO.	LENGTH (MILES)	CLASSIFICATION				WEEKLY ROUTE STANDARD HRS.	DAILY HOURS (EVALUATED)	BOXES VACANT OVER 90 DAYS			
	002	36.69	<input checked="" type="checkbox"/> L NON L	<input type="checkbox"/> M H	<input type="checkbox"/> J X	<input type="checkbox"/> A K	56:57	9:30	0			
DAY OF WEEK	DATE	CARRIER'S DAILY TIME RECORD (EXACT HOUR AND HUNDREDTHS)					MANAGEMENT DAILY AND WEEKLY VERIFICATIONS					
		RPTD. AT POST OFFICE	LEFT OFFICE TO SERVE ROUTE	RTND. TO POST OFFICE	COMP. WORK AT POST OFFICE	LUNCH PERIOD ACTUAL TIME	TOTAL ACTUAL DAILY HOURS AND HUNDREDTHS (LESS LUNCH)		DAILY OVERTIME	REGULAR CARRIER WEEKLY WORK HOURS	SUBSTITUTE CARRIER WEEKLY WORK HOURS	INITIALS OF MANAGER VERIFYING ENTRIES
		(1)	(2)	(3)	(4)	(5)	REG. (7)	SUB. (8)	(9)	(10)	(11)	(12)
P 1 P 8 2	W	SAT 3/24/2001	6:00	9:40	1:45	4:00	0:15	K	9.75			IM MGR
	K	MON 3/26/2001	6:00	10:15	2:30	4:20	0:15	10.00		WEEKLY OVERTIME		IM MGR
		TUE 3/27/2001	6:00	10:40	2:50	4:50	0:15	10.58				IM MGR
		WED 3/28/2001	6:00	10:20	2:20	3:50	0:15	9.58				IM MGR
		THUR 3/29/2001	6:00	10:45	2:45	4:00	0:15	9.75		WEEK 1	WEEK 1	IM MGR
	FRI 3/30/2001	6:10	11:05	3:05	4:35	0:15	10.16		50.15	9.75	IM MGR	
	SAT 3/31/2001	6:00	10:00	1:40	3:50	0:15	K	9.58			IM MGR	
	W	MON 4/2/2001	6:00	10:20	2:35	4:15	0:15	10.00		WEEKLY OVERTIME		IM MGR
	K	TUE 4/3/2001	6:00	10:15	2:20	4:00	0:15	9.75				IM MGR
		WED 4/4/2001	6:00	10:30	2:45	4:30	0:15	10.25				IM MGR
	2	THUR 4/5/2001	6:00	11:00	3:10	4:50	0:15	10.58		WEEK 2	WEEK 2	IM MGR
		FRI 4/6/2001	6:00	10:50	2:55	4:35	0:15	10.33		50.91	9.58	IM MGR



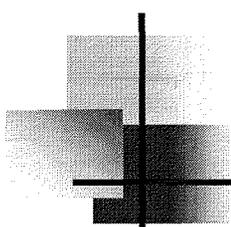
DACA Codes

A - Annual Leave	R - Relief Day Worked (No Sub)
B - Holiday Worked - Non-Rural Assignment	S - Sick Leave
C - Cont. of Pay	T - Training
D - Donated Leave	U - Absent W/O Leave
E - Limited Duty	V - Holiday Work (Rural Assignment)
F - QWL/EI	W - IOD/LWOP
G - Relief Day Taken (QWL \ EI)	X - Relief Day Taken (Previous "R")
H - Holiday Leave	Y - Relief Day Worked -(Non-Rural Assignment)
J - 11-Day Route	Z - Steward Duty
K - 10-Day Route	2 HQ Authorized Admin Leave
L - Leave W/O Pay	3 - Required to Work Relief Day
M - Military Leave	(50% of Daily Evaluation + 1 X- Day later)
N - Military LWOP	4 - Disciplinary Day of Reflection
O - Other Leave (Reason MUST be given)	5 - Required to Work Relief Day
P - Work Hours Other Than Rural	(150% of Daily Evaluation)
	6 - Court Leave

Completing PS Form 1314

CARRIER U				12-3456				E 123-45-6789				71		K002		B		04		05	
NAME OF ASSIGNED CARRIER				FINANCE NUMBER				SOCIAL SECURITY NUMBER				DES / ACT		RT. NO.		FLSA		YR.		PP	
WK	ACTUAL WKLY HRS	DAYS ASSIGNED CARRIER ABSENT					DAILY OVERTIME	TRAINING HOURS	COP HRS	LIMITED DTY HRS	RELIEF HOURS	RTE DEV	GT VEH	MILES OMIT	XMAS ASSIST	WORK HOURS					
		SAT	MON	TUE	WED	THUR											FRI				
1	50.15	K																			
2	50.91	K																			
										WEEK 1 INFORMATION					WEEK 2 INFORMATION						
DES/ACT	NAME OF RELIEF CARRIER		SOCIAL SECURITY NUMBER				ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES DEV + OMIT -		ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES DEV + OMIT -				
780	CARRIER D		001-22-3333				9.75	1					9.58	1							
THIS CERTIFIES THAT THE ABOVE CARRIER RENDERED SERVICE IN COMPLIANCE WITH POSTAL REGULATIONS										POSTMASTER'S SIGNATURE					DATE					CARRIER INITIAL	

REGULAR RURAL CARRIER TIME CERTIFICATE



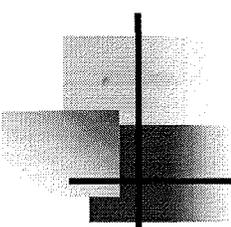
Daily Overtime

FLSA B regular rural carriers are paid overtime for hours worked over 12 in a day, 56 in a week, or 2080 in a year. Only record the hours over 12 in a day in the Daily Overtime block of the PS Form 1314. The payroll system will automatically pay the overtime for hours over 56 in a week or 2080 in a year.

Daily Overtime

WILSON A				12-1234				E 123-24-0000				71		K001		B 00 12	
NAME OF ASSIGNED CARRIER				FINANCE NUMBER				SOCIAL SECURITY NUMBER				DES/ACT		RT. NO.		FLSA YR. PP	
WK	ACTUAL WKLY HRS	DAYS ASSIGNED CARRIER ABSENT						DAILY OVERTIME	TRAINING HOURS	COP HRS	LIMITED DTY HRS	RELIEF HOURS	RTE DEV	GT VEH	MILES OM IT	XMAS ASSIST WORK HOURS	
		SAT	MON	TUE	WED	THUR	FRI										
1	41.00	K															
2	48.00	K					1.55										
WEEK 1 INFORMATION											WEEK 2 INFORMATION						
DES/ACT	NAME OF RELIEF CARRIER	SOCIAL SECURITY NUMBER	ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES		ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES				
							DEV +	OM IT -					DEV +	OM IT -			
78	SUB CARRIER	987-65-4321	8.00	1					8.00	1							
<p>The carrier actually worked 13.55 hours in one day. Daily OT is only paid for the hrs over 12 in a day.</p>																	
THIS CERTIFIES THAT THE ABOVE CARRIER RENDERED SERVICE IN COMPLIANCE WITH POSTAL REGULATIONS				POSTMASTER'S SIGNATURE				DATE				CARRIER INITIAL					

REGULAR RURAL CARRIER TIME CERTIFICATE



Training - No Work on Route

HOW TO RECORD TRAINING WHERE THE REGULAR CARRIER DOES NOT WORK ON THEIR ROUTE.

1. RECORD DACA CODE "T" IN THE APPROPRIATE DAY ON PS 4240.
2. CARRIER RECEIVES FULL DAY'S PAY.
3. NO EMA PAID.
4. SUB CARRIER CASES AND DELIVERS THE ROUTE AND IS RECORDED ON THE PS 4240 ACCORDINGLY.

EXAMPLE:

REFRESHER DRIVER TRAINING WHERE THE EMPLOYEE TRAVELS TO THE TRAINING SITE AND IS GONE THE ENTIRE DAY.

RECORDING PROCEDURES FOR PS FORM 1314:

1. ENTER DACA CODE "T" IN THE APPROPRIATE DACA FIELD DAY.
2. RECORD ACTUAL HOURS FOR THAT DAY IN THE "TRAINING HOURS" BLOCK OF PS 1314. INCLUDE THE TRAVEL TIME BOTH COMING AND GOING TO THE TRAINING SITE.
3. INCLUDE THOSE HOURS IN THE "ACTUAL WEEKLY HOURS" BLOCK FOR THE WEEK.

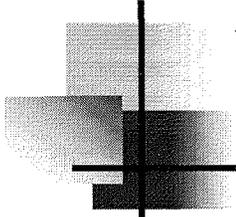
WARNING:

WHEN USING DACA CODE "T", YOU MUST HAVE HOURS IDENTIFIED IN THE "TRAINING HOURS" BLOCK OR THE CARD WILL NOT PROCESS.

Training - No Work on Route

WILSON A				12-1234		E 123-24-0000			71	K001	B	00	12		
NAME OF ASSIGNED CARRIER				FINANCE NUMBER		SOCIAL SECURITY NUMBER			DES / ACT	RT. NO.	FLSA	YR.	PP		
WK	ACTUAL WKLY HRS	DAYS ASSIGNED CARRIER ABSENT					DAILY OVERTIME	TRAINING HOURS	COP HRS	LIMITED DTY HRS	RELIEF HOURS	RTE DEV	GT VEH	MILES OMIT	XMAS ASSIST WORK HOURS
		SAT	MON	TUE	WED	THUR									
1	41.00	K			T			7.00							
2	48.00	K													
WEEK 1 INFORMATION								WEEK 2 INFORMATION							
DES/ACT	NAME OF RELIEF CARRIER	SOCIAL SECURITY NUMBER	ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES		ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES		
							DEV +	OMIT -					DEV +	OMIT -	
78	SUB CARRIER	987-65-4321	16.00	2					8.00	1					
INCLUDE TRAINING HOURS IN ACTUAL WEEKLY HOURS															
THIS CERTIFIES THAT THE ABOVE CARRIER RENDERED SERVICE IN COMPLIANCE WITH POSTAL REGULATIONS				POSTMASTER'S SIGNATURE				DATE				CARRIER INITIAL			
REGULAR RURAL CARRIER TIME CERTIFICATE															

Travel time to and from the facility if outside the normal schedule is not added to work hours. No time is accumulated toward an "O" day.



Training – Part Day

HOW TO RECORD TRAINING WHERE THE REGULAR CARRIER DOES PART DAY CASING ON THEIR ROUTE AND PART DAY TRAINING

1. RECORD DACA CODE "T" IN THE APPROPRIATE DAY ON PS 4240.
2. CARRIER RECEIVES FULL DAY'S PAY.
3. NO EMA PAID (ASSUMES CASING ON ROUTE ONLY).
4. SUB CARRIER IS PRE-SCHEDULED AS AUXILIARY ASSISTANCE FOR ROUTE.
5. SUB CARRIER PARTLY CASES AND DELIVERS THE ROUTE TIME IS RECORDED ON PS 1234 (GREEN CARD). SUB IS PAID ON 1314A AS AUXILIARY ASSISTANCE.

EXAMPLE:

REFRESHER DRIVER TRAINING WHERE THE EMPLOYEE MAY TRAVEL TO THE TRAINING SITE AND IS GONE PART OF THE DAY OR THE TRAINING SITE IS IN THE SAME CITY AS THE CARRIER.

RECORDING PROCEDURES:

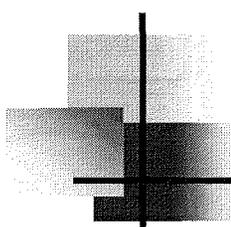
1. ENTER DACA CODE "T" IN THE APPROPRIATE DACA FIELD DAY.
2. RECORD ACTUAL HOURS FOR THAT DAY IN THE "TRAINING HOURS" BLOCK OF PS 1314.
(INCLUDE THE TRAVEL TIME BOTH COMING AND GOING TO THE TRAINING SITE).
3. INCLUDE THOSE HOURS IN THE "ACTUAL WEEKLY HOURS" BLOCK FOR THE WEEK.
4. INCLUDE TOTAL TIME FOR DAY (TRAINING AND WORKING) IN THE "ACTUAL WEEKLY HOURS" BLOCK FOR THE WEEK.
5. USE "REPLACEMENT SUB" WITH SSN OF 999-99-9999 WITH ONE TRIP TO CROSS-FOOT TIMECARD FOR THE WEEK.

WARNING:

WHEN USING DACA CODE "T", YOU MUST HAVE HOURS IDENTIFIED IN THE "TRAINING HOURS" BLOCK OR THE CARD WILL NOT PROCESS.

Training – Part Day

WILSON A			12-1234			E 123-24-0000			71		K001		B		00		12		
NAME OF ASSIGNED CARRIER			FINANCE NUMBER			SOCIAL SECURITY NUMBER			DES / ACT		RT. NO.		FLSA		YR.		PP		
WK	ACTUAL WKLY HRS	DAYS ASSIGNED CARRIER ABSENT						DAILY OVERTIME	TRAINING HOURS	COP HRS	LIMITED DTY HRS	RELIEF HOURS	RTE DEV	GT VEH	MILES OMIT	XMAS ASSIST WORK HOURS			
		SAT	MON	TUE	WED	THUR	FRI												
1	41.00	K			T			5.50											
2	48.00	K																	
WEEK 1 INFORMATION									WEEK 2 INFORMATION										
DES/ACT	NAME OF RELIEF CARRIER	SOCIAL SECURITY NUMBER	ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES		ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES						
							DEV +	OMIT -					DEV +	OMIT -					
78	SUB CARRIER	987-65-4321	8.15	1					8.10	1									
99	REPLACEMENT SUB	999-99-9999		1															
										<p>USE THIS DES/ACT & SOCIAL WHEN SPLITTING A ROUTE TO X-FOOT</p>									
THIS CERTIFIES THAT THE ABOVE CARRIER RENDERED SERVICE IN COMPLIANCE WITH POSTAL REGULATIONS										POSTMASTER'S SIGNATURE									
REGULAR RURAL CARRIER TIME CERTIFICATE										CARRIER INITIAL									



Continuation of Pay – Full Day

Rural carriers who suffer disabling, job-related, traumatic injuries are entitled to Continuation of Pay (COP) for the length of their disability, up to a maximum of 45 calendar days. Approval from the Injury Comp office is required prior to paying a carrier COP.

On the day of the injury enter code O.

Beginning the day after injury, enter code C in the DACA block for each day the carrier was scheduled to work. When the following day is a relief (J or K) day or a holiday (H day), enter the appropriate relief or holiday code

Enter code C for each full day of work missed during the first 45 days of disability.

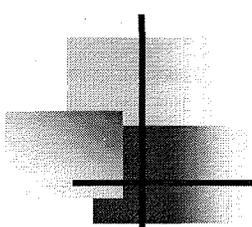
Continuation of Pay – Full Day

JOHNSON		DE		59-1298		E		912-18-0001		710		J004		E		96		10						
Name of Assigned Carrier				Finance Number				Social Security Number				Des/Act		Rt. No.		FLSA		Yr. PP						
WK	Actual Wkly Hrs	Days Assigned Carrier Absent Issues in Calendar						Daily Overtime	Training Hours	COP Hrs	Limited Dty Hrs	Travel Hours	Ste Day	OT Veh	Miles Driv	XMAS ASSIST WORK HOURS								
		Sat	Sun	Mon	Tue	Wed	Fri									Hrs	100s	Hrs	100s	Hrs	100s	Hrs	100s	Hrs
1	18.09	J		O	C	C																		
2	07.83	C	C	E	E	E			12	12	84													
Week 1 Information																								
Des/Act		Name of Relief Carrier				S S N				Actual Wkly Hrs				PP		EN		EN		Actual Wkly Hrs				
750		Johnson H				638-73-9451				28.56				3						4309				
700		Sorensen L				863-85-6281				08.53				1										
This certifies that the above carrier rendered service in compliance with Postal regulations										Postmaster's Signature					Date					Carrier Initial				

Carrier worked on limited duty 3 days and went to the doctor each day for therapy for 4 hours each day. This gives the carrier 12 hrs of COP and 12.84 limited duty hrs.

PS Form 1314, Feb 1996 U.S. Postal Service

REGULAR RURAL CARRIER TIME CERTIFICATE



Limited Duty

Enter E in the Days Assigned Carrier Absent (DACA) block for each day the employee works on limited duty. This allows the regular rural carrier to be paid limited duty hours and Continuation of Pay (COP) leave hours that occur on the same day or days within a service week. Whole hours of COP may be used in conjunction with limited duty hours to complete the week. COP days cannot exceed 45 calendar days.

Limited duty hours plus COP hours cannot exceed E days (limited duty days) multiplied by the daily evaluated hours. COP hours may be rounded to the nearest whole number. For each day COP hours are recorded, the whole day counts toward completion of the 45 calendar day allowance period.

Record the number of hours and hundredths the employee works in the Limited Duty Hours block. Do not include these hours in the Actual Weekly Work Hours block.

When limited duty and work hours are more than 40 per week, no LWOP hours are charged. If the hours are less than 40 a week or less than the evaluated hours of the route, LWOP will be charged for the hours between the actual work hours and evaluated hours.

Limited Duty

PS Form 1314, Feb 1996 U.S. Postal Service

JOHNSON		DE		59-1298		E		912-18-0001		710		J004		E		96		10			
Name of Assigned Carrier				Finance Number				Social Security Number				Des/Act		Rt. No.		FLSA		Yr.		PP	
WK	Actual Wkly Hrs	Days Assigned Carrier Assent (Indicate in Remarks)						Daily Overtime	Training Hours	COP Hrs	Limited Dty Hrs	Travel Hours	Rte Dev	OT Veh	Miles Omit	XMAS ASSIST WORK HOURS					
1	18.09	J O C C						Hrs 100s	Hrs 100s	Hrs 100s	Hrs 100s	Hrs 100s									
2	07.82	C C E E E						Hrs 100s	Hrs 100s	12	12	84									
		Week 1 Information				Week 2 Information															
Dev/Act	Name of Relief Carrier		S & N		Actual Wkly Hrs	Tr	No	EN	EM	Miles Miles		Actual Wkly Hrs	Tr	No	EN	EM	Miles Miles				
	750	Johnson H		638-73-9451	28	56	3					Hrs 100s									
	700	Sorensen L		863-85-6281	08	33	1					43	09	5							
					Hrs 100s							Hrs 100s									
					Hrs 100s							Hrs 100s									
					Hrs 100s							Hrs 100s									
					Hrs 100s							Hrs 100s									
This certifies that the above carrier rendered service in compliance with Postal regulations				Postmaster's Signature				Date				Carrier Initial									
REGULAR RURAL CARRIER TIME CERTIFICATE																					

Limited Duty J-Route

Regular carrier worked 5 days (40.75 hours) limited duty and 1 day sick leave, week 1. He/she worked 4 days (30.75 hours) limited duty, 1-day sick leave, and a "F" day week 2. Route J031 is a 43 heavy-duty hour route. Regular carrier is paid as follows:

$$\frac{43}{5.5} = 7.8182 \text{ (rounded up to 7.82)}$$

Week 1: Regular carrier worked over 40 hours. Paid first 40 hours at the evaluated rate of route because it is higher than his/her hourly step rate. Paid overtime at his/her hourly step rate x 1.5. Sick leave is paid as 1 day's evaluation.

$$\begin{aligned} \$15.1337 \times 40 &= 605.35 \\ \$14.9619 \times 1.5 \times .75 &= 16.83 \\ 1 \text{ day sick leave} &= 121.07 \\ \text{Total paid} &= \$743.25 \end{aligned}$$

Week 2: Regular carrier paid 30.75 hours limited duty at the evaluated rate and sick leave is paid as 1 day's evaluation.

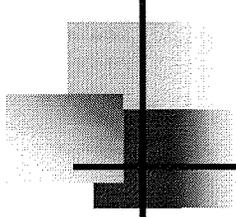
$$\begin{aligned} \$15.1337 \times 30.75 &= 465.36 \\ 1 \text{ day sick leave} &= 121.07 \\ \text{Total paid} &= \$586.43 \end{aligned}$$

Carrier is not charged any IOD/LWOP because $7.82 \times 4 \text{ days} = 31.28$. The 30.75 hours are rounded up to 31.00. No IOD/LWOP hours are charged.

Limited Duty J-Route

WILSON A				12-1234		E 123-24-0000			71		J031		B	00		12	
NAME OF ASSIGNED CARRIER				FINANCE NUMBER		SOCIAL SECURITY NUMBER			DES / ACT		RT. NO.		FLSA	YR.	PP		
WK	ACTUAL WKLY HRS	DAYS ASSIGNED CARRIER ABSENT						DAILY OVERTIME	TRAINING HOURS	COP HRS	LIMITED DTY HRS	RELIEF HOURS	RTE DEV	GT VEH	MILES OMIT	XMAS ASSIST WORK HOURS	
1		S	E	E	E	E	E			40.75							
2		J	E	E	E	E	S			30.75							
				WEEK 1 INFORMATION						WEEK 2 INFORMATION							
DES/ACT	NAME OF RELIEF CARRIER		SOCIAL SECURITY NUMBER			ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES DEV + OM IT -		ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES DEV + OM IT -	
78	SUB CARRIER		987-65-4321			39.50	5					40.00	5				
78	RELIEF CARRIER		321-98-7654			7.50	1					8.00	1				
THIS CERTIFIES THAT THE ABOVE CARRIER RENDERED SERVICE IN COMPLIANCE WITH POSTAL REGULATIONS				POSTMASTER'S SIGNATURE						DATE				CARRIER INITIAL			

REGULAR RURAL CARRIER TIME CERTIFICATE



Limited Duty K-Route

Regular carrier works under 40 hours on the K001, 45 heavy-duty hour route each week. The hours are cross-footed to the route evaluation.

Week 1-

5 days @ 9 hours a day evaluation = 45.00

worked = 20.00

25.00 charged to IOD/LWOP

Week 2

5 days @ 9 hours a day evaluation = 45.00

worked = 30.00

15:00 charged to IOD/LWOP

*Hours are rounded up for charging IOD/LWOP if hours were 15.01. Hours charged to IOD/LWOP would be 16.00

Limited Duty K-Route

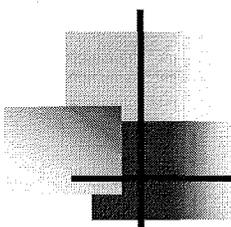
WILSON A				12-1234		E 123-24-0000			71	K001		B	00	12			
NAME OF ASSIGNED CARRIER				FINANCE NUMBER		SOCIAL SECURITY NUMBER			DES / ACT	RT. NO.		FLSA	YR.	PP			
WK	ACTUAL WKLY HRS	DAYS ASSIGNED CARRIER ABSENT						DAILY OVERTIME	TRAINING HOURS	COP HRS	LIMITED DUTY HRS	RELIEF HOURS	RTE DEV	GT VEH	MILES OMIT	XMAS ASSIST WORK HOURS	
		SAT	MON	TUE	WED	THUR	FRI										
1		K	E	E	E	E	E			20.00							
2		K	E	E	E	E	E			30.00							
WEEK 1 INFORMATION								WEEK 2 INFORMATION									
DES / ACT	NAME OF RELIEF CARRIER		SOCIAL SECURITY NUMBER			ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES DEV +	OMIT -	ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES DEV +	OMIT -
78	SUB CARRIER		987-65-4321			39.50	6					40.00	6				
THIS CERTIFIES THAT THE ABOVE CARRIER RENDERED SERVICE IN COMPLIANCE WITH POSTAL REGULATIONS				POSTMASTER'S SIGNATURE						DATE				CARRIER INITIAL			

REGULAR RURAL CARRIER TIME CERTIFICATE

OWCP

Regular carrier injured on the job is being paid by OWCP (Office of Workers' Compensation Program). Enter all blocks as W. Regular carrier will not be charged for health benefits by the Postal Service. Health benefits are paid by OWCP.

WILSON A			12-1234		E 123-24-0000			71	K001	B	00	12				
NAME OF ASSIGNED CARRIER			FINANCE NUMBER		SOCIAL SECURITY NUMBER			DES / ACT	RT. NO.	FLSA	YR.	PP				
WK	ACTUAL WKLY HRS	DAYS ASSIGNED CARRIER ABSENT						DAILY OVERTIME	TRAINING HOURS	COP HRS	LIMITED DTY HRS	RELIEF HOURS	RTE DEV	GT VEH	MILES OMIT	XMAS ASSIST WORK HOURS
		SAT	MON	TUE	WED	THUR	FRI									
1		K	W	W	W	W	W									
2		K	W	W	W	W	W									
								WEEK 1 INFORMATION				WEEK 2 INFORMATION				
DES/ACT	NAME OF RELIEF CARRIER		SOCIAL SECURITY NUMBER		ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES DEV + OMIT -		ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES DEV + OMIT -	
78	SUB CARRIER		987-65-4321		40.00	5					40.00	5				
78	RELIEF CARRIER		321-98-7654		8.00	1					8.00	1				
THIS CERTIFIES THAT THE ABOVE CARRIER RENDERED SERVICE IN COMPLIANCE WITH POSTAL REGULATIONS			POSTMASTER'S SIGNATURE					DATE			CARRIER INITIAL					



Salary Protection

- INJURED ON DUTY CARRIER
- PERSONNEL PROCESSES FORM 50
- SALARY PROTECTED ONLY/DATE OF INJURY
- WHEN CARRIER RETURNS FORM 50 PROCESSED
TO REMOVE PROTECTED SALARY

Relief Days – DACA Code R

COMPENSATION FOR WORKING RELIEF DAY ON OR AFTER MAY 20, 2000

FOR CARRIERS ON THE "RELIEF DAY WORKLIST" AND TOTAL WORKHOURS

FOR THE WEEK ARE LESS THAN 56 HOURS

1. CARRIER SELECTS AN "X" DAY TO BE SCHEDULED IMMEDIATELY BY MUTUAL AGREEMENT WITH PM AND MUST BE SCHEDULED WITHIN 12 WKS.
2. SELECTION MUST BE MADE NO LATER THAN THE DAY OF THE WORKED RELIEF DAY AND RECOMMEND DOCUMENTING SELECTION VIA PS 3971.
3. IF "X" DAY NOT TAKEN WITHIN 12 WKS, COMPENSATION OF 150% OF CARRIER'S DAILY RATE OF PAY IS PAID IN LIEU OF THE "X" DAY.(WEEKS DURING THE ESTABLISHED CHRISTMAS PERIOD ARE NOT COUNTED).
4. "X" DAY IS DROPPED FROM CARRIER'S "X" DAY BALANCE

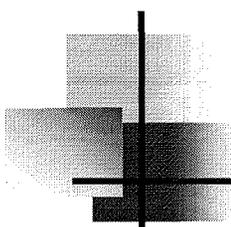
Recording Procedures:

1. ENTER PAY CODE R IN THE APPROPRIATE DACA FIELD
2. INCLUDE R DAY HOURS IN THE ACTUAL WEEKLY HOURS BLOCK FOR THE WEEK.
3. X DAY EARNED, SCHEDULE X DAY WITHIN 12 WEEKS TO AVOID ADDITIONAL COMPENSATION AS NOTED IN NUMBER THREE ABOVE.
4. NO ADDITIONAL COMPENSATION IS PAID DURING PAY PERIOD.
5. EMA FOR R DAY PAID DURING PAY PERIOD.

Relief Days – DACA Code R

WILSON A			12-1234		E 123-24-0000			71	K001	B	00	12				
NAME OF ASSIGNED CARRIER			FINANCE NUMBER		SOCIAL SECURITY NUMBER			DES / ACT	RT. NO.	FLSA	YR.	PP				
WK	ACTUAL WKLY HRS	DAYS ASSIGNED CARRIER ABSENT						DAILY OVERTIME	TRAINING HOURS	COP HRS	LIMITED DTY HRS	RELIEF HOURS	RTE DEV	GT VEH	MILES OMIT	XMAS ASSIST WORK HOURS
		SAT	MON	TUE	WED	THUR	FRI									
1	41.00	K														
2	49.00	R														
			WEEK 1 INFORMATION						WEEK 2 INFORMATION							
DES/ACT	NAME OF RELIEF CARRIER	SOCIAL SECURITY NUMBER	ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES		ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES			
							DEV +	OMIT -					DEV +	OMIT -		
78	SUB CARRIER	987-65-4321	8.00	1												
THIS CERTIFIES THAT THE ABOVE CARRIER RENDERED SERVICE IN COMPLIANCE WITH POSTAL REGULATIONS			POSTMASTER'S SIGNATURE						DATE			CARRIER INITIAL				

REGULAR RURAL CARRIER TIME CERTIFICATE



Relief Days – DACA Code 3

COMPENSATION FOR WORKING RELIEF DAY ON OR AFTER MAY 20, 2000

REQUIRED FOR CARRIERS **NOT** ON THE "RELIEF DAY WORKLIST" AND OPTIONAL FOR CARRIERS ON THE "RELIEF DAY WORKLIST" AND TOTAL WORKHOURS FOR THE WEEK ARE LESS THAN 56 HOURS.

1. NO CARRIER SELECTION IS MADE. AN "X" DAY IS TO BE SCHEDULED BY PM AND MUST BE SCHEDULED WITHIN 12 WKS.
2. RECOMMEND DOCUMENTING VIA PS 3971.
3. IF "X" DAY NOT TAKEN WITHIN 12 WKS, COMPENSATION OF 100% OF CARRIER'S DAILY RATE OF PAY IS PAID IN LIEU OF THE "X" DAY. THIS REQUIRES A PAYROLL ADJUSTMENT CHANGING THE 3 CODE TO A 5 CODE. (WEEKS DURING THE ESTABLISHED CHRISTMAS PERIOD ARE NOT COUNTED).
4. "X" DAY IS DROPPED FROM CARRIER'S "X" DAY BALANCE.

Recording Procedures:

1. ENTER PAY CODE 3 IN THE APPROPRIATE DACA FIELD
2. RECORD ACTUAL HOURS FOR THAT DAY IN THE RELIEF HOURS BLOCK OF THE PS FORM 1314
3. INCLUDE THOSE HOURS IN THE ACTUAL WEEKLY HOURS BLOCK FOR THE WEEK.
4. X DAY EARNED, SCHEDULE X DAY WITHIN 12 WEEKS TO AVOID ADDITIONAL COMPENSATION AS NOTED IN NUMBER THREE ABOVE.
5. ADDITIONAL COMPENSATION OF 50% OF DAILY EVALUATION WILL BE PAID DURING PAY PERIOD
6. EMA FOR 3 DAY PAID DURING PAY PERIOD.

Relief Days – DACA Code 3

WILSON A				12-1234				E 123-24-0000				71		K001		B		00		12			
NAME OF ASSIGNED CARRIER				FINANCE NUMBER				SOCIAL SECURITY NUMBER				DES / ACT		RT. NO.		FLSA		YR.		PP			
WK	ACTUAL WKLY HRS	DAYS ASSIGNED CARRIER ABSENT						DAILY OVERTIME	TRAINING HOURS	COP HRS	LIMITED DTY HRS	RELIEF HOURS	RTE DEV	GT VEH	MILES OMIT	XMAS ASSIST	WORK HOURS						
		SAT	MON	TUE	WED	THUR	FRI																
1	41.00	K																					
2	49.00	3										8.00											
								WEEK 1 INFORMATION						WEEK 2 INFORMATION									
DES / ACT	NAME OF RELIEF CARRIER		SOCIAL SECURITY NUMBER				ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES DEV + OMIT -		ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES DEV + OMIT -						
78	SUB CARRIER		987-65-4321				8.00	1															
								POSTMASTER'S SIGNATURE								DATE				CARRIER INITIAL			
THIS CERTIFIES THAT THE ABOVE CARRIER RENDERED SERVICE IN COMPLIANCE WITH POSTAL REGULATIONS																							
REGULAR RURAL CARRIER TIME CERTIFICATE																							

Relief Days – DACA Code 5

COMPENSATION FOR WORKING RELIEF DAY ON OR AFTER MAY 20, 2000

FOR CARRIERS **ON OR OFF** THE "RELIEF DAY WORKLIST" AND TOTAL WORKHOURS FOR THE WEEK ARE **MORE THAN 56 HOURS.**

1. NO CARRIER SELECTION IS MADE.
2. COMPENSATION IS PAID AT 150% OF CARRIER'S DAILY RATE OF PAY DUE TO WEEKLY WORK HOURS EXCEEDING 56 HOURS.
3. **NO "X" DAY IS EARNED.**

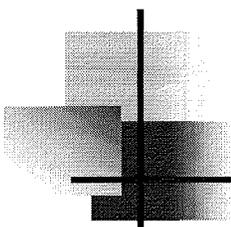
Recording Procedures:

1. ENTER PAY CODE 5 IN THE APPROPRIATE DACA FIELD.
2. RECORD ACTUAL HOURS FOR THAT DAY IN THE RELIEF HOURS BLOCK OF THE PS FORM 1314.
3. INCLUDE THOSE HOURS IN THE ACTUAL WEEKLY HOURS BLOCK FOR THE WEEK.
4. X DAY NOT EARNED, DO NOT SCHEDULE X DAY IN THIS INSTANCE.
5. ADDITIONAL COMPENSATION OF 150% OF DAILY EVALUATION WILL BE PAID DURING PAY PERIOD.
6. EMA FOR 5 DAY PAID DURING PAY PERIOD.
7. LEFT SIDE OF PAY STUB WILL BE CODED AN O FOR OVERTIME SHOWING ONE DAY'S EVALUATION AND THE APPROPRIATE PAY BY WEEK.

Relief Days – DACA Code 5

WILSON A				12-1234				E 123-24-0000				71		K001		B		00		12	
NAME OF ASSIGNED CARRIER				FINANCE NUMBER				SOCIAL SECURITY NUMBER				DES / ACT		RT. NO.		FLSA		YR.		PP	
WK	ACTUAL WKLY HRS	DAYS ASSIGNED CARRIER ABSENT							DAILY OVERTIME	TRAINING HOURS	COP HRS	LIMITED DTY HRS	RELIEF HOURS	RTE DEV	GT VEH	MILES OMIT	XMAS ASSIST WORK HOURS				
		SAT	MON	TUE	WED	THUR	FRI														
1	41.00	K																			
2	49.00	5										8.00									
				WEEK 1 INFORMATION								WEEK 2 INFORMATION									
DES/ACT	NAME OF RELIEF CARRIER	SOCIAL SECURITY NUMBER	ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES		ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES								
							DEV +	OMIT -					DEV +	OMIT -							
78	SUB CARRIER	987-65-4321	8.00	1																	
THIS CERTIFIES THAT THE ABOVE CARRIER RENDERED SERVICE IN COMPLIANCE WITH POSTAL REGULATIONS				POSTMASTER'S SIGNATURE								DATE				CARRIER INITIAL					

REGULAR RURAL CARRIER TIME CERTIFICATE



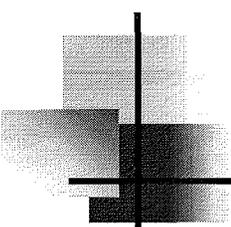
ROUTE DEVIATION/ MILES OMIT

Temporary Route Deviation - less than 30 Days

- Total daily miles traveled, including deviations more than 40 miles
- Record miles in Route Dev block
- Payment at the current mileage rate

Temporary Route Deviation - more than 30 Days

- If more than 30 days, should be added to PS Form 4003
- Salary will be adjusted accordingly
- Upon termination of deviation, submit PS Form 4003 returning it to routes former status



ROUTE DEVIATION/ MILES OMIT

HOW TO RECORD ROUTE DEVIATION OR MILES OMITTED- REGULAR ROUTES

1. DOCUMENT APPROPRIATE INFORMATION ON PS 4240.
2. FOR ROUTE WITH BASE MILES UNDER 40, ONLY RECORD THE DEVIATED AMOUNT THAT EXCEEDS 40 MILES. (EX: BASE IS 30, DEVIATION IS 15, RECORD 5)
3. FOR ROUTES WITH A BASE OVER 40, RECORD ACTUAL MILES DEVIATED.

RECORDING PROCEDURES:

1. COMPLETE PS 1314 CARD PER NORMAL RURAL TIMEKEEPING PROCEDURES.
2. FOR ROUTE DEVIATION- RECORD APPROPRIATE MILES IN "RTE DEV" BLOCK.
3. FOR MILES OMITTED- RECORD APPROPRIATE MILES IN "MILES OMIT" BLOCK.
4. FOR RELIEF CARRIERS: RECORD IN "WHOLE MILES" UNDER "DEV+" OR "OMIT-" AS APPROPRIATE.

ROUTE DEVIATION/ MILES OMIT

Deviated Miles

WILSON A				12-1234				E 123-24-0000				71		K001		B	00		12		
NAME OF ASSIGNED CARRIER				FINANCE NUMBER				SOCIAL SECURITY NUMBER				DES / ACT		RT. NO.		FLSA	YR.		PP		
WK	ACTUAL WKLY HRS	DAYS ASSIGNED CARRIER ABSENT						DAILY OVERTIME	TRAINING HOURS	COP HRS	LIMITED DTY HRS	RELIEF HOURS	RTE DEV	GT VEH	MILES OMIT	XMAS ASSIST WORK HOURS					
		SAT	MON	TUE	WED	THUR	FRI														
1	41.50	K											015								
2	22.75	K	A	A									009								
WEEK 1 INFORMATION										WEEK 2 INFORMATION											
DES/ACT	NAME OF RELIEF CARRIER		SOCIAL SECURITY NUMBER				ACTUAL WKLY HRS	TR	NO EM	PM	WHOLE MILES DEV + OMIT -	ACTUAL WKLY HRS	TR	NO EM	PM	WHOLE MILES DEV + OMIT -					
78	SUB CARRIER		987-65-4321				8.15	1			003	24.15	3			009					
THIS CERTIFIES THAT THE ABOVE CARRIER RENDERED SERVICE IN COMPLIANCE WITH POSTAL REGULATIONS										POSTMASTER'S SIGNATURE					DATE			CARRIER INITIAL			

REGULAR RURAL CARRIER TIME CERTIFICATE

ROUTE DEVIATION/ MILES OMIT

Omitted Miles

WILSON A				12-1234				E 123-24-0000				71		K001		B		00		12					
NAME OF ASSIGNED CARRIER				FINANCE NUMBER				SOCIAL SECURITY NUMBER				DES / ACT		RT. NO.		FLSA		YR.		PP					
WK	ACTUAL WKLY HRS	DAYS ASSIGNED CARRIER ABSENT						DAILY OVERTIME	TRAINING HOURS	COP HRS	LIMITED DTY HRS	RELIEF HOURS	RTE DEV	GT VEN	MILES OMIT	XMAS ASSIST WORK HOURS									
		SAT	MON	TUE	WED	THUR	FRI																		
1	41.50	K												008											
2	22.75	K	A	A																					
WEEK 1 INFORMATION												WEEK 2 INFORMATION													
DES / ACT	NAME OF RELIEF CARRIER		SOCIAL SECURITY NUMBER				ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES DEV + OMIT -		ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES DEV + OMIT -								
78	SUB CARRIER		987-65-4321				8.15	1			008		24.15	3											
THIS CERTIFIES THAT THE ABOVE CARRIER RENDERED SERVICE IN COMPLIANCE WITH POSTAL REGULATIONS												POSTMASTER'S SIGNATURE						DATE				CARRIER INITIAL			

REGULAR RURAL CARRIER TIME CERTIFICATE

DES ACT 74

HOW TO RECORD SITUATIONS WHERE A REGULAR ROUTE HAS A TEMPORARY RCA ASSIGNED TO ROUTE (DES/ ACT 74-0) DUE TO UNAVAILABILITY OF REGULAR CARRIER

1. RECORD APPROPRIATE DACA ABSENT CODES FOR REGULAR CARRIER ON PS 4240.
2. ROUTE MUST CROSS-FOOT TO APPROPRIATE NUMBER OF TRIPS EACH WEEK.
3. YOU MAY RECEIVE TWO PS 1314 CARDS FOR THE SAME ROUTE.
4. BOTH PS 1314s MUST BE SUBMITTED FOR PROCESSING.
5. 74s EARN FOUR (4) HOURS OF A/L AND FOUR (4) HOURS S/L EACH PAY PERIOD.
6. 74s DO NOT GET HOLIDAY LEAVE.

RECORDING PROCEDURES FOR 74s ON PS 1314:

EXAMPLE WK1:

1. 74s DO NOT EARN "X" DAYS. ALL WORK AND EMA IS PAID IN CURRENT PAY PERIOD.
2. IF THE 74s ARE OFF FOR A DAY, PLACE THE SUB CARRIER ON THE 74's TIME CERTIFICATE AND NOT ON THE REGULAR'S.

EXAMPLE WK2:

1. RECORD APPROPRIATE DACA CODE FOR NORMAL DESIGNATED "K" OR "J" DAY EACH WEEK.
2. RECORD APPROPRIATE LEAVE CODE.
3. LIST RELIEF CARRIERS AT THE BOTTOM OF THE CARD WITH APPROPRIATE WORK/EMA DATA.

DES ACT 74

WILSON JR				12-1234				E 123-45-6789				74		K001		P		00		12			
NAME OF ASSIGNED CARRIER				FINANCE NUMBER				SOCIAL SECURITY NUMBER				DES / ACT		RT. NO.		FLSA		YR.		PP			
WK	ACTUAL WKLY HRS	DAYS ASSIGNED CARRIER ABSENT							DAILY OVERTIME	TRAINING HOURS	COP HRS	LIMITED DTY HRS	RELIEF HOURS	RTE DEV	GT VEH	MILES OMIT	XMAS ASSIST WORK HOURS						
		SAT	MON	TUE	WED	THUR	FRI																
1	47.50	R																NO X DAY EARNED, CARRIER PAID IN PP					
2	24.50	K				A	A											PAYS CARRIER A/L					
WEEK 1 INFORMATION												WEEK 2 INFORMATION											
DES/ACT	NAME OF RELIEF CARRIER	SOCIAL SECURITY NUMBER	ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES		ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES										
							DEV +	OMIT -					DEV +	OMIT -									
78	JONES B	678-12-3456							24.15	3													
THIS CERTIFIES THAT THE ABOVE CARRIER RENDERED SERVICE IN COMPLIANCE WITH POSTAL REGULATIONS								POSTMASTER'S SIGNATURE								DATE				CARRIER INITIAL			

REGULAR RURAL CARRIER TIME CERTIFICATE

DES 74 can have any day off during the week. The DES 74 is not required to have the same day off the regular carrier had.

1314-A

WK	Actual Weekly Hours		Work Days	Training Hours		Equipment Allowance			Finance Number				Social Security Number				Des/Act	Route No.	FLSA	Year	PP		
	Hours	100s		Hours	100s	Hours	Tr	Miles	GT	Annual	Sick	Other	COP	Sat.	Mon.	Tue.						Wed.	Thur.
1	Hours	100s		Hours	100s																Hours	100s	
2	Hours	100s		Hours	100s																Hours	100s	
Week 1 Information												Week 2 Information											
Des/Act	Name of Relief Carrier			Social Security Number			Actual Weekly Hours				Equipment Allowance				Actual Weekly Hours				Equipment Allowance				
	Hours	100s		Hours	100s		Hours	Tr	Miles	GT	Hours	Tr	Miles	GT	Hours	Tr	Miles	GT	Hours	Tr	Miles	GT	
	Hours	100s		Hours	100s						Hours	100s							Hours	100s			
	Hours	100s		Hours	100s						Hours	100s							Hours	100s			
	Hours	100s		Hours	100s						Hours	100s							Hours	100s			
	Hours	100s		Hours	100s						Hours	100s							Hours	100s			
	Hours	100s		Hours	100s						Hours	100s							Hours	100s			
This certifies that the above carrier rendered service in compliance with Postal regulations.												Postmaster's Signature				Date				Carrier's Initials			

■ Equipment Maintenance Allowance

- Hours - 2 digits
- Trips - 1 digit
- Miles - 3 digits

■ Leave Hours

Each hours type = 2 digits. All leave hours are valid for Auxiliary Carriers (Des. 77 and Des. 79) only. (COP hours valid for Des. 73-75-78-79.)

■ DACA (Days Assigned Carrier Absent) for Auxiliary Route only. Enter N (No Service) when service is performed by relief carrier.

1314-A FOR A VACANT AUXILIARY ROUTE

HOW TO RECORD WORK ON AN AUXILIARY ROUTE WITH NO ASSIGNED CARRIER IN LEAVE EARNING STATUS.

1. THIS IS FOR AN AUXILIARY ROUTE WHERE THERE IS NO 79-0 ASSIGNED TO THE ROUTES.
2. YOU WILL RECEIVE A PRE-PRINTED PS1314A SHOWING THE ROUTE NUMBER WITH NO ASSIGNED CARRIER AT THE TOP OF THE CARD.
3. IF SEVERAL RELIEF CARRIERS SERVE THE ROUTE, PLACE THE MOST USED RELIEF CARRIER AT THE TOP OF THE 1314A AS THE PRIMARY CARRIER.
4. ALL AUXILIARY ROUTES MUST CROSS-FOOT JUST LIKE A REGULAR ROUTE.

RECORDING PROCEDURES:

- LIST MOST USED CARRIER ON ROUTE AT TOP OF PS 1314A.
 - RECORD THIS CARRIER'S TIME IN BLOCKS AT TOP PORTION OF CARD ALONG WITH EMA DATA.
3. RECORD "N" FOR NO-SERVICE ON DAYS THIS CARRIER DID NOT SERVE THIS ROUTE.
 4. LIST AND RECORD ALL OTHER RELIEF CARRIERS ON BOTTOM PORTION OF CARD.
 5. RECORD STREET HOURS ROUNDED TO NEAREST HOUR AND NOT LESS THAN ONE HOUR IN THE "HOURS BLOCK".
 6. RECORD NUMBER OF TRIPS.
 7. RECORD NUMBER OF MILES ROUNDED TO NEAREST MILE.
 8. MAKE SURE THAT "N" DAYS ARE CROSS-FOOTED WITH TRIPS FROM BOTTOM OF CARD

1314-A FOR A VACANT AUXILIARY ROUTE

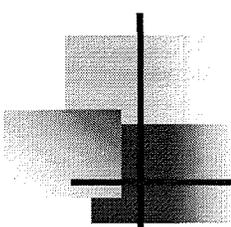
HOURS - 2 DIGITS

TRIPS - 1 DIGIT

MILES - 3 DIGITS

		12-1234		456-78-9012				78		A001		P	0	12									
CARRIER		FINANCE NUMBER		SOCIAL SECURITY NUMBER				DES		ROUTE NO.		FLSA	YR	PP									
WK	Actual Wkly Work Hours	WORK DAYS	TRAINING HOURS	EQUIPMENT ALLOWANCE				LEAVE - WHOLE HOURS				TRAVEL HOURS		N - NO SERVICE					XMAS ASSIST				
				HRS	TR	MILES	GT	ANN	SICK	OTHER	COP		SAT	MON	TUE	WED	THUR	FRI	WORK HOURS				
1	14.00			07	3	090							N			N		N					
2	17.00			09	4	120								N	N								
				WEEK 1 INFORMATION								WEEK 2 INFORMATION											
DES/ACT	NAME OF RELIEF CARRIER			SOCIAL SECURITY NUMBER				ACTUAL WKLY HRS				EQUIPMENT ALLOWANCE				ACTUAL WKLY HRS				EQUIPMENT ALLOWANCE			
78	JONES B			567-89-1234				3.15				02 1 030				4.00 02 1 030							
78	WILSON R			789-12-3456				7.50				04 2 060				3.50 02 1 030							
N CODE = NO SERVICE																							
<p>Do not make an entry in the Work Days column</p>																							
THIS CERTIFIES THAT THE ABOVE CARRIER RENDERED SERVICE IN COMPLIANCE WITH POSTAL REGULATIONS										POSTMASTER'S SIGNATURE										DATE		CARRIER INITIAL	

AUXILIARY RURAL CARRIER TIME CERTIFICATE



1314-A FOR TRAINING

HOW TO RECORD TRAINING FOR A RELIEF RURAL CARRIER OF ANY D/A CODE – LEARNING A NEW ROUTE- NO EMA

1. DOCUMENT TIME ON PS 1234 (GREEN CARD).
2. PREPARE PS 1314-A USING ROUTE NUMBER A999.

WHEN TRAINING IS HELD AT AN OFFSITE LOCATION:

1. IF HOME OFFICE WITHIN 50 MILE RADIUS OF TRAINING SITE AND EMPLOYEE REPORTS TO TRAINING SITE ONLY, DO NOT INCLUDE TRAVEL TIME GOING OR RETURNING.
2. IF HOME OFFICE OUTSIDE 50 MILE RADIUS OF TRAINING SITE AND EMPLOYEE REPORTS TO TRAINING SITE ONLY, INCLUDE TRAVEL TIME GOING AND RETURNING.
3. IF HOME OFFICE WITHING 50 MILE RADIUS OF TRAINING SITE AND EMPLOYEE FIRST REPORTS TO HOME OFFICE AND THEN LEAVES FOR TRAINING SITE, INCLUDE TRAVEL TIME GOING AND RETURNING IF RETURNING TO HOME OFFICE FOR ADDITIONAL WORK.
4. PAY LOCAL MILEAGE VIA E TRAVEL FOR MILEAGE OVER NORMAL COMMUTE.

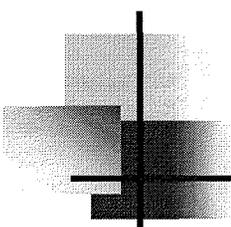
RECORDING PROCEDURES:

1. SHOW TIME FOR ATTENDING THE TRAINING IN THE "ACTUAL WEEKLY HOURS" BLOCK.
2. RECORD THE SAME TIME IN THE "TRAINING HOURS" BLOCK.
3. THIS IDENTIFIES THE HOURS AS TRAINING. (DO NOT ATTEMPT TO TRANSFER HOURS AS TRAINING ON PS 1236A.)

1314-A FOR TRAINING

JONES B				12-1234				456-78-9012				78		A999		P	00	12	
NAME OF ASSIGNED CARRIER				FINANCE NUMBER				SOCIAL SECURITY NUMBER				DES		ROUTE NO.		FLSA	YR	PP	
WK	Actual Wkly Work Hours	WORK DAYS	TRAINING HOURS	EQUIPMENT ALLOWANCE				LEAVE - WHOLE HOURS				TRAVEL HOURS	N - NO SERVICE					XMAS ASSIST WORK HOURS	
				HRS	TR	MILES	GT	ANN	SICK	OTHER	COP		SAT	MON	TUE	WED	THUR		FRI
1	04.00		04.00																
2	24.00		24.00																
WEEK 1 INFORMATION												WEEK 2 INFORMATION							
DES/ ACT	NAME OF RELIEF CARRIER			SOCIAL SECURITY NUMBER				ACTUAL WKLY HRS	EQUIPMENT ALLOWANCE				ACTUAL WKLY HRS	EQUIPMENT ALLOWANCE					
	HRS	TR	MILES	GT	HRS	TR	MILES		GT										
THIS CERTAFIES THAT THE ABOVE CARRIER RENDERED SERVICE IN COMPLIANCE WITH POSTAL REGULATIONS				POSTMASTER'S SIGNATURE								DATE		CARRIER INITIAL					

AUXILIARY RURAL CARRIER TIME CERTIFICATE



SPLITTING A REGULAR ROUTE

HOW TO RECORD SITUATIONS WHERE THE REGULAR ROUTE IS SPLIT BETWEEN TWO OR MORE RELIEF CARRIERS

1. RECORD APPROPRIATE DACA ABSENT CODE FOR REGULAR CARRIER ON PS 4240.
2. ROUTE IS SPLIT BETWEEN TWO RELIEF CARRIERS.
3. DOCUMENT TIME FOR EACH RELIEF CARRIER ON PS 1234 (GREEN CARD). (INCLUDE TOTAL HOURS, STREET TIME AND MILEAGE)
4. RELIEF CARRIERS PAID VIA PS 1314-A AS AUXILIARY ASSISTANCE TO THE REGULAR ROUTE.

RECORDING PROCEDURES:

1. ENTER THE APPROPRIATE DACA CODE FOR REGULAR CARRIER.
2. USE "REPLACEMENT SUB" AND A SSN OF 999-99-9999 TO CROSS-FOOT PS 1314 TIMECARD FOR THE APPROPRIATE NUMBER OR TRIPS IN THE WEEK.
3. PAY RELIEF CARRIERS ON SEPARATE PS 1314-A CARDS UNDER THE ROUTE NUMBER THAT WAS SPLIT (EX: K001).
4. RECORD ACTUAL HOURS IN "ACTUAL WEEKLY HOURS" BLOCK.
5. RECORD EQUIPMENT ALLOWANCE STREET HOURS, TRIPS AND MILES. (ROUND STREET HOURS TO NEAREST HOUR AND MILEAGE TO NEAREST MILE).

SPLITTING A REGULAR ROUTE

WILSON A				12-1234				E 123-24-0000				71		K001		B 00 12	
NAME OF ASSIGNED CARRIER				FINANCE NUMBER				SOCIAL SECURITY NUMBER				DES / ACT		RT. NO.		FLSA YR. PP	
WK	ACTUAL WKLY HRS	DAYS ASSIGNED CARRIER ABSENT						DAILY OVERTIME	TRAINING HOURS	COP HRS	LIMITED DTY HRS	RELIEF HOURS	RTE DEV	GT VEH	MILES OMIT	XMAS ASSIST WORK HOURS	
		SAT	MON	TUE	WED	THUR	FRI										
1	31.75	K	A														
2	41.50	K															
WEEK 1 INFORMATION								WEEK 2 INFORMATION									
DES/ACT	NAME OF RELIEF CARRIER	SOCIAL SECURITY NUMBER	ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES		ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES				
							DEV +	OMIT -					DEV +	OMIT -			
78	SUB CARRIER	987-65-4321	8.15	1					8.15	1							
99	NO CARRIER	999-99-9999		1													
* NOTE ROUTE WAS SPLIT ON MONDAY WEEK 1										USE THIS DES/ACT & SOCIAL WHEN SPLITTING A ROUTE TO X-FOOT							
THIS CERTIFIES THAT THE ABOVE CARRIER RENDERED SERVICE IN COMPLIANCE WITH POSTAL REGULATIONS								POSTMASTER'S SIGNATURE				DATE		CARRIER INITIAL			

REGULAR RURAL CARRIER TIME CERTIFICATE

SPLITTING A REGULAR ROUTE

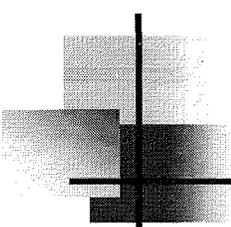
SMITH A				12-1234				123-45-6789				78		K001		P	00		12				
NAME OF ASSIGNED CARRIER				FINANCE NUMBER				SOCIAL SECURITY NUMBER				DES		ROUTE NO.		FLSA	YR		PP				
Actual Wkly	WORK	TRAINING	EQUIPMENT ALLOWANCE				LEAVE - WHOLE HOURS				TRAVEL		N - NO SERVICE					XMAS ASSIST					
WK	Work Hours	DAYS	HOURS	HRS	TR	MILES	GT	ANN	SICK	OTHER	COP	HOURS	SAT	MON	TUE	WED	THUR	FRI	WORK HOURS				
1	3.75			03	1	045																	
2																							
WEEK 1 INFORMATION										WEEK 2 INFORMATION													
DES/	NAME OF			SOCIAL SECURITY NUMBER				ACTUAL	EQUIPMENT ALLOWANCE		ACTUAL	EQUIPMENT ALLOWANCE											
ACT	RELIEF CARRIER							WKLY HRS	HRS	USE ROUTE NUMBER		HRS	HRS	OF REGULAR ROUTE									
										BEING SPLIT													
	RECORD HOURS AND																						
	MILEAGE FROM PS 1234																						
THIS CERTIFIES THAT THE ABOVE CARRIER RENDERED										POSTMASTER'S SIGNATURE										DATE		CARRIER	
SERVICE IN COMPLIANCE WITH POSTAL REGULATIONS																						INITIAL	
AUXILIARY RURAL CARRIER TIME CERTIFICATE																							

USE PS 1314-A

SPLITTING A REGULAR ROUTE

JONES B				12-1234				456-78-1234				78		K001		P	00		12
NAME OF ASSIGNED CARRIER				FINANCE NUMBER				SOCIAL SECURITY NUMBER				DES		ROUTE NO.		FLSA	YR	PP	
WK	Actual Wkly Work Hours	WORK DAYS	TRAINING HOURS	EQUIPMENT ALLOWANCE				LEAVE - WHOLE HOURS				TRAVEL HOURS	N - NO SERVICE					XMAS ASSIST WORK HOURS	
				HRS	TR	MILES	GT	ANN	SICK	OTHER	COP		SAT	MON	TUE	WED	THUR		FRI
1	5.25			03	1	045													
2																			
											WEEK 1 INFORMATION				WEEK 2 INFORMATION				
DES/ ACT	NAME OF RELIEF CARRIER			SOCIAL SECURITY NUMBER				ACTUAL WKLY HRS	EQUIPMENT ALLOWANCE				ACTUAL WKLY HRS	EQUIPMENT ALLOWANCE					
									HRS	TR	MILES	GT		HRS	TR	MILES	GT		
THIS CERTIFIES THAT THE ABOVE CARRIER RENDERED SERVICE IN COMPLIANCE WITH POSTAL REGULATIONS							POSTMASTER'S SIGNATURE					DATE			CARRIER INITIAL				

AUXILIARY RURAL CARRIER TIME CERTIFICATE



SPLITTING AN AUXILIARY ROUTE

HOW TO PAY RELIEF CARRIERS FOR WORK ON AN AUXILIARY ROUTE THAT WAS SPLIT – ONE CASED AND ONE DELIVERED.

1. DOCUMENT TIME FOR EACH RELIEF CARRIER ON PS 1234 (GREEN CARD). INCLUDE TOTAL HOURS, STREET TIME AND MILEAGE AS APPROPRIATE.
2. RELIEF CARRIERS PAID VIA PS 1314-A AS AUXILIARY ASSISTANCE TO THE AUXILIARY ROUTE.

RECORDING PROCEDURES:

1. USE ONE CARD EACH FOR EACH RELIEF CARRIER AND COMPLETE INDICATIVE DATA AT TOP OF PS 1314-A CARD USING THE ROUTE NUMBER A999 FOR THE RELIEF CARRIER THAT CASED ON THE ROUTE AND THE ROUTE NUMBER A998 FOR THE RELIEF CARRIER THAT DELIVERED THE ROUTE.
2. IF YOU USE THE AUXILIARY ROUTE NUMBER, THE CARRIER WILL BE PAID A FULL TRIP ON THE ROUTE.
3. RECORD ACTUAL HOURS IN "ACTUAL WEEKLY HOURS" BLOCK FOR BOTH CARRIERS.
4. RECORD EQUIPMENT ALLOWANCE STREET HOURS, TRIPS AND MILES. ROUND STREET HOURS TO NEAREST HOUR AND MILEAGE TO NEAREST MILE FOR THE RELIEF CARRIER THAT DELIVERED THE ROUTE.

SPLITTING AN AUXILIARY ROUTE

**YOU MUST USE THE
AUXILIARY ROUTE
NUMBER ON THIS CARD
ONLY. USE A998 OR A999
FOR THE CARRIERS
SPLITTING THE ROUTE.**

CARRIER S				12-1				78	A001		P	00	12											
NAME OF ASSIGNED CARRIER				FINANCE #				DES	ROUTE NO.		FLSA	YR	PP											
WK	Actual Wkly Work Hours	WORK DAYS	TRAINING HOURS	EQUIPMENT ALLOWANCE				LEAVE - WHOLE HOURS				TRAVEL HOURS	N - NO SERVICE					XMAS ASSIST WORK HOURS						
				HRS	TR	MILES	GT	ANN	SICK	OTHER	COP		SAT	MON	TUE	WED	THUR		FRI					
1	20.00			10	5	150																		
2	24.00			12	6	180																		
				WEEK 1 INFORMATION								WEEK 2 INFORMATION												
DES/ ACT	NAME OF RELIEF CARRIER				SOCIAL SECURITY NUMBER				ACTUAL WKLY HRS	EQUIPMENT ALLOWANCE				ACTUAL WKLY HRS	EQUIPMENT ALLOWANCE									
99	NO CARRIER				999-99-9999					HRS	TR	MILES	GT		HRS	TR	MILES	GT						
THIS CERTIFIES T				MASTER'S SIGNATURE								DATE		CARRIER INITIAL										
SERVICE IN COMF																								

**USE N CODE (NO SERVICE)
TO INDICATE THE
ASSIGNED CARRIER DID
NOT WORK**

**USE THIS DES/ACT
& SOCIAL WHEN
SPLITTING A
ROUTE TO X-FOOT**

SPLITTING AN AUXILIARY ROUTE

SMITH A				12-1234				123-45-6789				78		A999		P	00		12	
NAME OF ASSIGNED CARRIER				FINANCE NUMBER				SOCIAL SECURITY NUMBER				DES		ROUTE NO		FLSA	YR		PP	
WK	Actual Wkly Work Hours	WORK DAYS	TRAINING HOURS	EQUIPMENT ALLOWANCE				LEAVE - WHOLE HOURS				TRAVEL HOURS	N - NO SERVICE					XMAS ASSIST WORK HOURS		
				HRS	TR	MILES	GT	ANN	SICK	OTHER	COP		SAT	MON	TUE	WED	THUR		FRI	
1	2.00																			
2																				
											WEEK 1 INFORMATION				WEEK 2 INFORMATION					
DES/ACT	NAME OF RELIEF CARRIER			SOCIAL SECURITY NUMBER				ACTUAL WKLY HRS		EQUIPMENT ALLOWANCE HRS		ACTUAL		EQUIPMENT ALLOWANCE						
THIS CERTIFIES THAT THE ABOVE CARRIER RENDERED SERVICE IN COMPLIANCE WITH POSTAL REGULATIONS											POSTMASTER'S SIGNATURE				DATE		CARRIER INITIAL			

USE THIS ROUTE NUMBER FOR CASING ONLY. YOU CAN NOT PAY EMA WHEN USING IT.

SPLITTING AN AUXILIARY ROUTE

JONES B				12-1234				456-78-1234				78		A998		P	00		12	
NAME OF ASSIGNED CARRIER				FINANCE NUMBER				SOCIAL SECURITY NUMBER				DES		ROUTE NO.		FLSA	YR		PP	
WK	Actual Wkly Work Hours	WORK DAYS	TRAINING HOURS	EQUIPMENT ALLOWANCE				LEAVE - WHOLE HOURS				TRAVEL HOURS	N - NO SERVICE					XMAS ASSIST WORK HOURS		
				HRS	TR	MILES	GT	ANN	SICK	OTHER	COP		SAT	MON	TUE	WED	THUR		FRI	
1	1.50			02	1	030														
2																				
DES/ACT	NAME OF RELIEF CARRIER			SOCIAL SECURITY NUMBER				ACTUAL WKLY HRS	EQUIP HRS	USE THIS ROUTE NUMBER WHEN TIME INCLUDES EMA OWED TO CARRIER										ACE
THIS CERTAFIES THAT THE ABOVE CARRIER RENDERED SERVICE IN COMPLIANCE WITH POSTAL REGULATIONS				POSTMASTER'S SIGNATURE				DATE				CARRIER INITIAL								

AUXILIARY RURAL CARRIER TIME CERTIFICATE

PTF RURAL CARRIERS TAKING LEAVE

Use route # A996 when recording PTF leave.

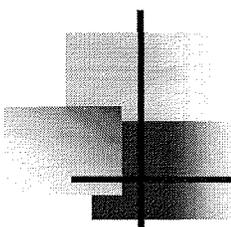
CARRIER S				12-1234				678-23-5678				76		A996		P	00		12				
NAME OF ASSIGNED CARRIER				FINANCE NUMBER				SOCIAL SECURITY NUMBER				DES		ROUTE NO.		FLSA	YR		PP				
WK	Actual Wkly Work Hours	WORK DAYS	TRAINING HOURS	EQUIPMENT ALLOWANCE				LEAVE - WHOLE HOURS				TRAVEL HOURS	NO SERVICE					XMAS ASSIST WORK HOURS					
				HRS	TR	MILES	GT	ANN	SICK	OTHER	COP		SAT	MON	TUE	WED	THUR		FRI				
1								24															
2								16															
WEEK 1 INFORMATION												WEEK 2 INFORMATION											
DES/ ACT	NAME OF RELIEF CARRIER			SOCIAL SECURITY NUMBER				ACTUAL WKLY HRS				EQUIPMENT ALLOWANCE				ACTUAL WKLY HRS				EQUIPMENT ALLOWANCE			
ENTER LEAVE HOURS UNDER THE TYPE OF LEAVE TAKEN. (DES 79s CAN TAKE UP TO 8 HRS/DAY OR 40 HRS/WK)												NO ENTRY IS REQUIRED UNDER THE DAY THE LEAVE WAS USED.											
THIS CERTIFIES THAT THE ABOVE CARRIER RENDERED SERVICE IN COMPLIANCE WITH POSTAL REGULATIONS												POSTMASTER'S SIGNATURE								DATE		CARRIER INITIAL	

AUXILIARY RURAL CARRIER TIME CERTIFICATE

DES 79 TAKING LEAVE

CARRIER S				12-1234				678-23-5678				79		A001		P	00		12				
NAME OF ASSIGNED CARRIER				FINANCE NUMBER				SOCIAL SECURITY NUMBER				DES		ROUTE NO.		FLSA	YR		PP				
WK	Actual Wkly Work Hours	WORK DAYS	TRAINING HOURS	EQUIPMENT ALLOWANCE				LEAVE - WHOLE HOURS				TRAVEL HOURS	N - NO SERVICE					XMAS ASSIST WORK HOURS					
				HRS	TR	MILES	GT	ANN	SICK	OTHER	SOP		SAT	MON	TUE	WED	THUR		FRI				
1	12.00			06	4	080		16								N	N						
2	18.00			10	6	120																	
				WEEK 1 INFORMATION								WEEK 2 INFORMATION											
DES/ACT	NAME OF RELIEF CARRIER			SOCIAL SECURITY NUMBER				ACTUAL WKLY HRS	EQUIPMENT ALLOWANCE				ACTUAL WKLY HRS	EQUIPMENT ALLOWANCE									
78	SMITH B			987-65-4321				6	HRS	TR	MILES	GT		HRS	TR	MILES	GT						
								<p>ENTER LEAVE HOURS UNDER THE TYPE OF LEAVE TAKEN. (DES 79s CAN TAKE UP TO 8 HRS/DAY OR 40 HRS/WK)</p>								<p>ENTER CODE N (NO-SERVICE) UNDER THE DAY(S) LEAVE WAS USED.</p>							
THIS CERTIFIES THAT THE ABOVE CARRIER RENDERED SERVICE IN COMPLIANCE WITH POSTAL REGULATIONS								POSTMASTER'S SIGNATURE								DATE				CARRIER INITIAL			

AUXILIARY RURAL CARRIER TIME CERTIFICATE



NON-RURAL EMPLOYEE

HOW TO RECORD SITUATIONS WHERE A NON-RURAL EMPLOYEE (DES/ACT 99-0) MAKES DELIVERY ON A RURAL ROUTE AND USES THEIR OWN VEHICLE.

1. RECORD NON-RURAL EMPLOYEE'S NAME ON PS 4240 NEXT TO DAY SERVED.
2. DOCUMENT NON-RURAL EMPLOYEE'S TIME ON PS 1234 (GREEN CARD) SHOWING TOTAL HOURS AND STREET HOURS AND TOTAL MILEAGE.
3. TRANSFER HOURS VIA PS 1236A TO RURAL DELIVERY (710 -2500).

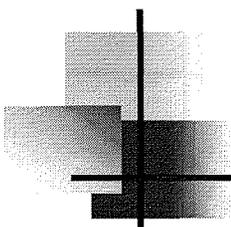
RECORDING PROCEDURES:

NON-RURAL EMPLOYEE MAKES DELIVERY ON THURSDAY OF WEEK 2

1. ENTER "N" FOR NO-SERVICE IN THURSDAY TO CROSS-FOOT TRIP LISTED AT THE BOTTOM.
2. ENTER THE NAME AND SS# OF THE NON-RURAL EMPLOYEE WHERE RELIEF CARRIERS ARE LISTED.
3. USE THE D/A CODE OF 99-0 IN THE DES/ACT COLUMN.
4. RECORD STREET HOURS ROUNDED TO THE NEAREST HOURS AND NOT LESS THAN ONE HOUR IN THE "HOURS" BLOCK UNDER "EQUIPMENT ALLOWANCE".
5. RECORD THE NUMBER OF TRIPS.
6. RECORD THE NUMBER OF MILES ROUNDED TO THE NEAREST MILE.
7. DO NOT RECORD ANY WORK HOURS IN THE "ACTUAL WEEKLY HOURS" BLOCK.
8. NON-RURAL EMPLOYEES WILL RECEIVE A SEPARATE EMA CHECK.

NON-RURAL EMPLOYEE

CARRIER S				12-1234				678-23-5678				79		A001		P	00	12											
NAME OF ASSIGNED CARRIER				FINANCE NUMBER				SOCIAL SECURITY NUMBER				DES		ROUTE NO.		FLSA	YR	PP											
WK	Actual Wkly Work Hours	WORK DAYS	TRAINING HOURS	EQUIPMENT ALLOWANCE				LEAVE - WHOLE HOURS				TRAVEL HOURS	N - NO SERVICE						XMAS ASSIST WORK HOURS										
				HRS	TR	MILES	GT	ANN	SICK	OTHER	COP		SAT	MON	TUE	WED	THUR	FRI											
1	25.15			13	6	060																							
2	20.75			10	5	050											N												
												WEEK 1 INFORMATION						WEEK 2 INFORMATION											
DES/ ACT	NAME OF RELIEF CARRIER			SOCIAL SECURITY NUMBER				ACTUAL WKLY HRS				EQUIPMENT ALLOWANCE				ACTUAL WKLY HRS				EQUIPMENT ALLOWANCE									
99	NON-RURAL			987-65-6543																03	1	010							
												<p>USE DES ACT 99 FOR NON RURAL EMPLOYEE. YOU MUST USE EMPLOYEE'S SSN</p> <p>DO NOT INPUT HOURS, EMPLOYEE IS PAID FOR TIME IN ANOTHER PAY SYSTEM. INPUT TRIPS & MILES FOR EMA PAYMENT</p>																	
THIS CERTIFIES THAT SERVICE IN COMPLIA AUXILIARY RURAL												ASTER'S SIGNATURE												INITIAL					



1314-F

Rural carriers (designations 71, 72, and 74) are always charged leave in 8-hour increments. Enter the Days Assigned Carrier Absent Code (DACA) on Form 1314, Regular Rural Carrier Time Certificate. Enter only those hours taken for FMLA reasons on Form 1314-F. FMLA hours should never exceed the number of hours charged.

Rural carriers may take up to 80 hours of earned sick leave for dependent care in a postal leave year. Enter leave in the DACA block on Form 1314 for rural carriers (designations 71, 72, and 74). Enter 8 hours under sick leave for dependent care on Form 1314-F. If sick leave for dependent care hours are to be used for an FMLA covered condition, enter only those hours taken under FMLA sick leave for dependent care on Form 1314-F.

Replacement carriers (designations 77 and 79) in a leave earning status who have accrued sick leave may take sick leave for dependent care in hourly increments. The number of hours taken under FMLA Sick Leave (SL) dependent care or non-FMLA sick leave for dependent care are recorded on Form 1314-A, Rural Carrier Auxiliary Certificate, and on Form 1314-F. If a replacement carrier is unavailable and it is due to an FMLA reason, record the time on Form 1314-F under replacement carrier unavailable. Complete Form 1314-F using route type and number A996 and submit with the other time certificates for processing at the end of the pay period.

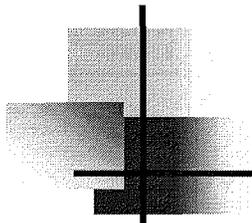
1314-F

Name of Assigned Carrier: Smith G										Finance Number: 01-2345		Social Security Number: E 123-45-6789		Des./Act: 71-0 K001		Rt. No.: 0		FLSA Yr.: 96		PP: 20	
WK	Actual Daily Hrs	Name of Assigned Carrier					Daily Overtime	Training Hours	COP Hrs	Limited Dty Hrs	Travel Hours	Rte Dev	DT Veh	Miles Overt	ONAS ASSIST	WORK HOURS					
		Est.	Res.	Ins.	Reg.	Thr.										Pr.	Ms	100s			
1	36.42	K					3									Ms	100s				
2	41.08	K														Ms	100s				
Week 1 Information																					
Des./Act	Name of Relief Carrier	SSN		Actual Daily Hrs	TR	EN	EX	WHOLE	SLIP	Actual Daily Hrs	TR	EN	EX	WHOLE	SLIP						
71-0	Riley R	245-678910		12.92	2					0908	1										
				Ms	100s					Ms	100s										
				Ms	100s					Ms	100s										
				Ms	100s					Ms	100s										
				Ms	100s					Ms	100s										
				Ms	100s					Ms	100s										
This certifies that the above carrier rendered service in compliance with Postal regulations.																					
Postmaster's Signature: Wesley Smith										Date: 9/27/96		Carrier's Initials: SL									

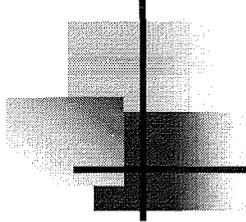
REGULAR RURAL CARRIER TIME CERTIFICATE

Name of Assigned Carrier: Smith G				Finance Number: 01-2345		Social Security Number: 123-45-6789		Des.: 71-0		Route No.: K001		Year: 96		PP: 20	
		Week 1		Week 2				Week 1		Week 2					
FMLA AL Hours		Hours	100s	Hours	100s	FMLA SL Hours		Hours	100s	Hours	100s				
FMLA LWOP Hours		Hours	100s	Hours	100s	FMLA SL Dependent Care		Hours	100s	Hours	100s				
Non-FMLA SL Dependent Care		0800		Hours	100s	FMLA Replacement Carrier Unavailable		Hours	100s	Hours	100s				
FMLA COP Hours		Hours	100s	Hours	100s	FMLA IOD/OWCP Hours		Hours	100s	Hours	100s				
Postmaster's Signature: Wesley Smith						Date: 09/27/96			Carrier's Initials: SL						

PS Form 1314-F, August 1996 Rural Carrier FMLA Certificate



SPECIAL CIRCUMSTANCES



HOLIDAY ON RELIEF DAY

EXAMPLE: THE HOLIDAY FALLS ON THE SECOND THURSDAY, WHICH IS THE CARRIER'S SCHEDULED RELIEF DAY. WEDNESDAY BECOMES THE HOLIDAY AND THE RELIEF DAY CODE (K) IS ENTERED IN THE DACA BLOCK.

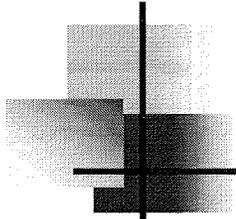
THE ASSIGNED CARRIER WILL BE COMPENSATED FOR 9 DAYS EVALUATION OF THE ROUTE, 1 DAY OF HOLIDAY WORK, AND 10 TRIPS EMA.

WHEN A REGULAR CARRIER WORKS A DESIGNATED HOLIDAY IT DOES NOT GENERATE AN X-DAY.

THE SUBSTITUTE CARRIER WILL BE COMPENSATED 1 DAY EVALUATION AND 1 TRIP EMA.

HOLIDAY ON RELIEF DAY

WILSON A				12-1234		E 123-24-0000			71		K001		B	00		12
NAME OF ASSIGNED CARRIER				FINANCE NUMBER		SOCIAL SECURITY NUMBER			DES / ACT		RT. NO.		FLSA	YR.	PP	
WK	ACTUAL WKLY HRS	DAYS ASSIGNED CARRIER ABSENT						DAILY OVERTIME	TRAINING HOURS	COP HRS	LIMITED DTY HRS	RELIEF HOURS	RTE DEV	GT VEH	MILES OMIT	XMAS ASSIST WORK HOURS
		SAT	MON	TUE	WED	THUR	FRI									
1	42.25					K										
2	45.75			V		K										
				WEEK 1 INFORMATION						WEEK 2 INFORMATION						
DES/ACT	NAME OF RELIEF CARRIER	SOCIAL SECURITY NUMBER	ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES		ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES			
							DEV +	OMIT -					DEV +	OMIT -		
78	SUB CARRIER	987-65-4321	8.15	1												
DACA CODE V – DESIGNATED HOLIDAY WORKED																
THIS CERTIFIES THAT THE ABOVE CARRIER RENDERED SERVICE IN COMPLIANCE WITH POSTAL REGULATIONS				POSTMASTER'S SIGNATURE						DATE		CARRIER INITIAL				
REGULAR RURAL CARRIER TIME CERTIFICATE																



FREE SATURDAY

In addition to the Saturday, there are 5 or more consecutive chargeable leave days,
Used in any combination preceding or prior to the Saturday

- Chargeable Leave
- Annual Leave
- Sick Leave
- Holiday Leave
- Court Leave
- Donated Leave

NOTE:

X & O days will break the continuity for free Saturday

FREE SATURDAY

The carrier is entitled to NO free Saturdays in the following example because the "J" day breaks up the continuity of leave. There are not 5 consecutive chargeable leave days in addition to the Saturday.

GIFORD JM 48-0395 | E-197-62-1314 | 71 | J001 | B196103

WK	ACTUAL	Name of Assigned Carrier					Finger No.	Social Security Number	Date of Birth	Sex	Relief	Rate									
		Day	Mon	Tue	Wed	Thu															
1	43.00	J																			
2	43.00	J	A	A	A	A															
This certifies that the above carrier rendered service in compliance with Postal regulations.																					

REGULAR RURAL CARRIER TIME CERTIFICATE

GIFORD JM 48-0395 | E-197-62-1314 | 71 | J001 | B196104

WK	ACTUAL	Name of Assigned Carrier					Finger No.	Social Security Number	Date of Birth	Sex	Relief	Rate									
		Day	Mon	Tue	Wed	Thu															
1	31.92	J	A																		
2	43.00	J																			
This certifies that the above carrier rendered service in compliance with Postal regulations.																					

REGULAR RURAL CARRIER TIME CERTIFICATE

The carrier is entitled to 1 free Saturday in the following example.

MARTIN D 48-0205 | E-475-66-7728 | 71 | J001 | B196103

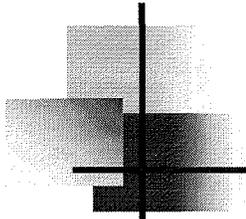
WK	ACTUAL	Name of Assigned Carrier					Finger No.	Social Security Number	Date of Birth	Sex	Relief	Rate									
		Day	Mon	Tue	Wed	Thu															
1	43.00	J	A	A	A	A															
2	43.00	J																			
This certifies that the above carrier rendered service in compliance with Postal regulations.																					

REGULAR RURAL CARRIER TIME CERTIFICATE

MARTIN D 48-0205 | E-475-66-7728 | 71 | J001 | B196104

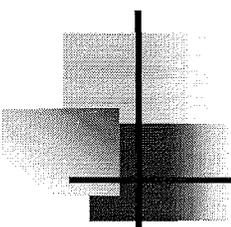
WK	ACTUAL	Name of Assigned Carrier					Finger No.	Social Security Number	Date of Birth	Sex	Relief	Rate									
		Day	Mon	Tue	Wed	Thu															
1	43.00	J	A																		
2	43.00	J																			
This certifies that the above carrier rendered service in compliance with Postal regulations.																					

REGULAR RURAL CARRIER TIME CERTIFICATE



HIGHER LEVEL

- PS FORM 1723
- > 30 DAYS
 - Prepare a Form 50 assigning employee to higher level position, effective beginning of next pay period
 - When assignment over Prepare Form 50 assigning employee back to Rural Carrier position.
- < 30 days
 - Do not prepare a Form 50
 - Record time as work hours other than rural on PS Form 1314



HIGHER LEVEL

HOW TO RECORD SITUATIONS WHERE THE REGULAR CARRIER DOES A SHORT TERM DETAIL – LESS THAN 30 DAYS

1. RECORD DACA "P" "B" OR "Y" IN THE APPROPRIATE DAY ON PS FORM 4240.
2. DOCUMENT TIME ON PS1234 (GREEN CARD).
3. CARRIERS RECEIVE A FULL DAY'S PAY FOR "P" DAYS.
4. CARRIERS RECEIVE HOLIDAY WORK PAY FOR "B" DAY.
5. NO EMA PAID FOR DACA CODES "P", "B", OR "Y".
6. "Y" DAY EARNS AN "X" DAY.
7. CARRIER WORKS RELIEF DAY & DESIGNATED HOLIDAY.
8. SUB CARRIER CASES AND DELIVERS THE ROUTE AND IS RECORDED ON PS 4240.
9. TRANSFER HOURS VIA PS 1236 WEEKLY FROM RURAL (710-2500) TO ASSIGNMENT.

RECORDING PROCEDURES:

1. ENTER THE APPROPRIATE DACA CODE FOR EACH DAY.
2. TOTAL ALL HOURS FOR EACH DAY IN "P", "B", OR "Y" STATUS AND INCLUDE IN "ACTUAL WEEKLY HOURS" BLOCK OF THE PS 1314 ALONG WITH ANY ROUTE TIME.
3. INCLUDE THOSE HOURS IN THE "ACTUAL WEEKLY HOURS" BLOCK FOR THE WEEK.

HIGHER LEVEL

WILSON A			12-1234		E 123-24-0000			71	K001	B	00	12			
NAME OF ASSIGNED CARRIER				FINANCE NUMBER		SOCIAL SECURITY NUMBER			DES / ACT	RT. NO.	FLSA	YR.	PP		
WK	ACTUAL WKLY HRS	DAYS ASSIGNED CARRIER ABSENT					DAILY	TRAINING	COP	LIMITED	RELIEF	RTE	GT	MILES	XMAS ASSIST
		SAT	MON	TUE	WED	THUR	FRI								

1	43.00	B	K	P	P	P	P								
2	49.75	P	Y	P	P										

P – NON RURAL WORK HOURS (HIGHER LEVEL)
B – NON RURAL WORK HOURS (DESIGNATED HOLIDAY)
Y – NON RURAL WORK HOURS (RELIEF DAY)

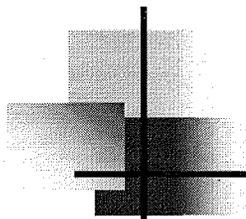
DES/ACT	NAME OF RELIEF CARRIER	SOCIAL SECURITY NUMBER	ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES		ACTUAL WKLY HRS	TR	NO EM	EM	WHOLE MILES	
							DEV +	OMIT -					DEV +	OMIT -
78	SUB CARRIER	987-65-4321	41.75	5					34.15	4				

ALL WORK HOURS ARE INCLUDED HERE

*NOTE: HOLIDAY ON MONDAY WEEK 1

DESIGNATED HOLIDAY IS SATURDAY WEEK 1

THIS CERTIFIES THAT THE ABOVE CARRIER RENDERED SERVICE IN COMPLIANCE WITH POSTAL REGULATIONS				POSTMASTER'S SIGNATURE				DATE				CARRIER INITIAL			
REGULAR RURAL CARRIER TIME CERTIFICATE															



FORMS

2240-R

MARTIN		ST		01-2496		E 579-84-9256		710 K003		B		96		03								
Name of Assigned Carrier				Finance Number				Social Security Number				Des/Act		Rt. No.		FLSA		Yr.		PP		
WK	Actual Wkly Hrs	Days Assigned Carrier (absent codes on reverse)						Daily Overtime	Training Hours	COP Hrs	Limited Dty Hrs	Travel Hours	Rtn Day	OT Veh	Miles Omit	MMAS ASSTG	NOAN HOURS					
		Sat.	Sun.	Tue.	Wed.	Thur.	Fri.											Hrs	1986	Hrs	1986	Hrs
1	35.72	K																				
2	36.58	K																				
				Week 1 Information								Week 2 Information										
Des/Act		Name of Relief Carrier		SSN		Actual Wkly Hrs		Tr		No EN		Miles		Actual Wkly Hrs		Tr		No EN		Miles		
						Dev + Omit -						Dev + Omit -						Dev + Omit -				
180		miles N		698-248541		0750		1				0748		1								
						Hrs 1986						Hrs 1986										
						Hrs 1986						Hrs 1986										
						Hrs 1986						Hrs 1986										
						Hrs 1986						Hrs 1986										
						Hrs 1986						Hrs 1986										
This certifies that the above carrier rendered service in compliance with Postal regulations				Postmaster's Signature				Date				Carrier Initial										
				<i>[Signature]</i>				2/24/96				SM										

PS Form 1516, Feb 1996 U.S. Postal Service

REGULAR RURAL CARRIER TIME CERTIFICATE

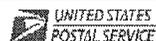
2240-R

UNITED STATES POSTAL SERVICE SM															Date			
Rural Pay or Leave Adjustment Request															2/7/96			
Corrected Form 1314 (Attach original)															<input checked="" type="checkbox"/> Form 1314 Correction <input type="checkbox"/> Form 1314-A Correction			
Name of Assigned Carrier			Finance Number			Social Security Number			Des.	Route No.	FLSA	Year	PP					
Mackin ST			012496			578 84 9256			710	K003	B	96	103					
Wk	Actual Wkly Work Hours	Days Assigned Carrier Absent					Daily Overtime	Training Hours	CCF Hours	Limited Duty Hours	Travel Hours	Route Dev.	GT Veh.	Miles Omit	Xmas Assist Work Hours			
1	35.92	K																
2	36.58	K																
Week 1 Information															Week 2 Information			
Des.	Name of Relief Carrier		Social Security Number		Actual Wkly Work Hours	Trips	No EM	EM	Whole Miles Dev - Omit	Actual Wkly Work Hours	Trips	No EM	EM	Whole Miles Dev - Omit				
780	Miles N		698-248541		37.50	1				37.96	1							
Corrected Form 1314-A (Attach original)																		
Name of Assigned Carrier			Finance Number			Social Security Number			Des.	Route No.	FLSA	Year	PP					
Wk	Actual Wkly Work Hours	Training Hours	Equipment Allowance			Leave - Whole Hours			Travel Hours	N - No Service					Xmas Assist Work Hours			
1			Hours	Trips	Miles	GT	Annual	Sick	Other	CCP	Sat	Mon	Tue	Wed	Thur	Fri		
2																		
Week 1 Information															Week 2 Information			
Des.	Name of Relief Carrier		Social Security Number		Actual Wkly Work Hours	Equipment Allowance Hours	Trips	Miles	GT	Actual Wkly Work Hours	Equipment Allowance Hours	Trips	Miles	GT				
Remarks: (If more space is needed use reverse side)																		
Replacement carrier paid EMA for week 2 in error. Used govt vehicle.																		
Employee's Signature and Date										2/8/96								
Adjustment Clerk's Signature and Date										2/8/96								
Approving Officer's Signature and Date										2/8/96								

2240-R

UNITED STATES POSTAL SERVICE SM															Date			
Rural Pay or Leave Adjustment Request															11/12/96			
Corrected Form 1314 (Attach original)															<input type="checkbox"/> Form 1314 Correction <input checked="" type="checkbox"/> Form 1314-A Correction			
Name of Assigned Carrier			Finance Number			Social Security Number			Des.	Route No.	FLSA	Year	PP					
Wk	Actual Wkly Work Hours	Days Assigned/Carrier Absent					Daily Overtime	Training Hours	COP Hours	Limited Duty Hours	Travel Hours	Routes Dev.	GT Veh.	Miles Omit	Xmas Assist Work Hours			
1	Hours 100s	Sat	Mon	Tue	Wed	Thur	Fri	Hours 100s	Hours 100s	Hours 100s	Hours 100s			Hours 100s				
2	Hours 100s							Hours 100s	Hours 100s	Hours 100s	Hours 100s			Hours 100s				
Name of Assigned Carrier			Finance Number			Social Security Number			Des.	Route No.	FLSA	Year	PP					
Maxoney J			534968			164968594			780	A005	P	96	23					
Wk	Actual Wkly Work Hours	Equipment Allowance					Leave - Whole Hours			Travel Hours	N - No Service			Xmas Assist Work Hours				
1	Hours 100s	Hours	Trps	Miles	GT	Annual	Sick	Other	COP	Hours	Sat	Mon	Tue	Wed	Thur	Fri	Hours 100s	
1	28.04	18	5	100														Hours 100s
2	27.50	18	5	100														Hours 100s
Name of Relief Carrier			Social Security Number			Actual Wkly Work Hours			Equipment Allowance			Actual Wkly Work Hours			Equipment Allowance			
Des	Name of Relief Carrier		Social Security Number			Actual Wkly Work Hours			Equipment Allowance			Actual Wkly Work Hours			Equipment Allowance			
						Hours 100s			Hours 100s			Hours 100s			Hours 100s			
Remarks (If more space is needed use reverse side)																		
Actual hours for maxoney incorrect for week 1. Should be 28.04.																		
Return to: (Please print name and complete this block)															Signature and Date			
															J. Maxoney 11/13/96			
															Adjusting Clerk's Signature and Date			
															S. [Signature] 11/13/96			
															Approving Officer's Signature and Date			
															[Signature] 11/13/96			

8127



Rural Carrier Supplemental Payment

Instructions

Local Postmaster

1. Complete this form for a Regular Rural Carrier (Designation 71) serving a regular route. (Replacement carrier's time must be recorded on Form 1314-A, Auxiliary Rural Carrier Time Certificate.)
2. Record the carrier's name, Social Security number, and finance number. (Issuing office must complete return to block.)
3. Record the date and time in minutes. (Do not enter any hours on form.)
4. Indicate the pay period, year, and week.
5. The carrier, postmaster, and District MUST sign this form.
6. Record reason for payment in justification. If no reason is given, or the form is incomplete, it will be returned, unprocessed.
7. Submit form to District for approval by Operations Program Support.

District

Confirm proper completion and suitability for payment, then complete signature block below.

Carrier Name (Last, first, middle initial)	Social Security Number	Finance Number
--	------------------------	----------------

Date of Service _____ Pay Period/Year _____

Time in Minutes _____ Week _____
(e.g. Record 1.58 hours as 95 minutes)

Pay period processed: _____	Initials: _____
-----------------------------	-----------------

Justification

THE MGR/PM IS RESPONSIBLE FOR COMPLETELY FILLING OUT THIS PART OF THE FORM.



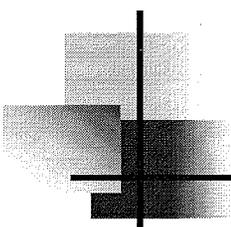
YOU MUST COMPLETE THE RETURN ADDRESS FOR YOUR OFFICE



Return to: (Finance must complete)	Employee's Signature and Date
	Postmaster's Signature and Date
	District Approval, Operations Program Support and Date



REMEMBER SIGNATURES ARE REQUIRED FOR BOTH THE CARRIER AND MGR/PM



LTATS

RURAL HOURS TRANSFERRED OUTSIDE YOUR OFFICE MUST BE PROCESSED AS A PRIOR WEEK
ADJUSTMENT

EXAMPLE: D/A LDC D/A LDC FINANCE
 710 2500 710 2500 XX-XXXX

MANUAL OFFICES TRANSFERRING RURAL HOURS USING A PAY LOCATION MUST BE COMPLETED ON A
1236A AND
FORWARDED TO THE FINANCE BUDGET DEPARTMENT. THIS WILL BE PROCESSED AS A PRIOR WEEK
ADJUSTMENT

EXAMPLE: D/A LDC D/A LDC PAYLOC FINANCE
 710 2500 710 2500 XXX XX-XXXX

LTATS

RURAL HOURS TRANSFERRED WITHIN YOUR OFFICE TO ANOTHER D/A AND LDC, EXCLUDING RURAL,
CAN BE PROCESSED DURING THE SAME WEEK.

THIS IS THE ONLY RURAL HOUR TRANSFER THAT CAN BE PROCESSED IN THE SAME WEEK.

	<u>D/A</u>	<u>LDC</u>		<u>D/A</u>	<u>LDC</u>	<u>FINANCE</u>	<u>YYYYPPW</u>
EXAMPLE:	780	2500	TO	410	4300		

RURAL HOURS CAN NEVER BE TRANSFERRED USING A TRAINING D/A AND LDC CODE.

	<u>D/A</u>	<u>LDC</u>		<u>D/A</u>	<u>LDC</u>	<u>FINANCE</u>
EXAMPLE:	780	2500	TO	999	9200	