U.S	. Po	stal S	ervice®			Post (Post Office™, State and ZIP +4®									Guarantee Period				Pay Period(s)					
Rural Carrier Trip Report																Fr	From Thru			N	No. From Thru				
(See instructions for completing form on reverse)																_									
Regular Carrier												ar Relief Carrier					s	Ø			Regular Rural Carrier				
Nai	ne		EIN					Name				EIN				e				H	ours		Hundre	dths	
																ativ k H	Beginning of PP		PΡ						
			Official Schedule of Carrier					al Nu	lumber					Cumulative Total Work Hours											
Reports			Leaves	Returns	Returns Ends		Regular Boxe	s Centra	al Boxes Sto	ps	Aut	h Dism Del	Families	s B	Busine	esses	tal /	Current PP			/				
																	P ۲	E	nd of PP						
																		I							
Route No.		0.	Length (Mile	s) Classification □ "L" □ M □ J			Weekly Route Standard Hrs			Weekly Hours (Evaluated)		ly Hours aluated)		Boxes Vacant Ov 90 Days		t Over		DELIVERY DATA							
							Standard Hrs./	/101115.	(Evaluation)		(Evaluated)							Residential			Busines		Business		Det Box/
			U "L"	□ ^{Non} □ н □ к												Other	Curb	NDCBU	Other Central	Other	Curt	NDCB	J Other Central		
Day of Week						s Daily Tin ct hour and	ne Record* minutes)		Tat	Manage Total Actual		nt Daily and	Weekly	Verificat	tions		┟──┦			Contra				Contra	
		.,	Date	Rptd. at Post Office	Left	Rtnd.	Comp.	Lunch	Dai	Daily Hours			Regular Carrier		lief	Initials of	REM	APKS							
					Office		Work	Period			ns Daily		Weekly		eekly	Manager	(Eval	ain any failure to serve the entire route; include miles actually					ally		
		ek			to Serve Route	Post Office	at Post Office	Actual Time	· · · ·	s Lunch)		Overtime	Work Hours		Vork ours	Verifying Entries	serve	d. Also	I. Also, state cause for any deviation from schedule. If rec					ular	
									Regula	-								er was a se of th	was absent, give name of relief. If more space is needed, us e of this form.)						l, use
		0.1	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8))	(9)	(10)	(11	1)	(12)									
		Sat.							_	_	-		Wookl	y Overtii	mo										
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		Fri.									\dashv		VVCCK 2	- wee	5r 2		-								
	ertif		nis report is c	correct and	that entries	s have bee	en made prom	ntlv dailv	,		-+	I certify the	I It all entri	es have	been	complete	d and w	erified							
_		's Sign	-						//DD/YYYY)			I certify that all entries have been completed and verified. Postmaster or Designated Supervisor's Signature Date (MM/DD/YYYY)													

INSTRUCTIONS

All entries shall be in ink. Complete one copy and retain at Post Office™.

Postmaster or Designated Supervisor shall:

- Complete all information blocks on the upper portion of the form.
- · Complete Columns 7-12 on a daily or weekly basis, as appropriate.
- See that the carrier makes appropriate entries for each delivery trip in columns 1-6 and the REMARKS column.
- Determine total actual daily workhours and minutes and, using USPS[®] Notice 30, Conversion Table, or facsimile, convert this time to hours and hundreths and enter the time in Columns 7-8. Entries in Columns 9-11 must also be shown in hours and hundreths.
- Record the CUMULATIVE TOTALS for actual hours worked by the regular carrier for the 52-week guarantee period (as specified in the Agreement), and not on the basis of calendar or fiscal year.
- Record daily overtime for all actual time worked in excess of 12 hours a day or 8 hours a day, whichever is appropriate (National Agreement). Authorized overtime hours worked during prescribed Christmas period shall be identified by circling the entry in column 9.
- Record weekly overtime for all hours and hundreths worked in excess of 56 or 40 in a week, whichever is appropriate (National Agreement), in the open blocks in Columns 10 and 11.
- Enter A/L, S/L, etc., in Column 7 when the regular carrier is on annual leave, sick leave, etc., enter hours worked each day by the relief carrier in Column 8.
- Submit amended PS Form 4003 if unnecessary travel can be eliminated or when otherwise required.
- During the pay period, if a sufficient number of boxes are added to or subtracted from the route to trigger a change in the route's evaluation, adjust the carrier's compensation as required in Article 9 2.C.10.
- · Close out the PS Form 4240 and begin a new sheet of the Guarantee Period.

Carrier Shall:

- Make daily entries in Columns 1-6 and the REMARKS column.
- If additional space is required for REMARKS, use the ADDITIONAL INFORMATION space below; precede remarks by date(s) where appropriate.
- Record information regarding the changes (increase or decrease) in the number of boxes, stops, families, official route miles, etc., in the space below as the changes occur.

Names	Names of Post Offices Supplied by Locked Pouch:													
1.			4.				7.							
2.			5.	8.										
3.			6.				9.							
Use this	s information to	o update "DELIVERY DAT	A" when the n	ext PS For						iness				
		Box #, Street Add Apt./Suite # ar Customer's Nar			Resid	lential								
Date	Boxes/Stops (+) or (-)		nd me	Other	Curb	NDCBU	Other Central	Other	Curb	NDCBU	Other Central	Det Box/ NPU		
Additio	nal Information	:				•			•	•				