



## Rural Carrier Duties and Responsibilities

Handbook PO-603

September 2013  
Transmittal Letter

- A. Explanation.** This is a revision of Handbook PO-603, *Rural Carrier Duties and Responsibilities*. Revisions are made to part 535, Mail Count Forms.
- B. Online Availability.** This handbook is available on the Postal Service™ intranet as follows: go to <http://blue.usps.gov/cpim>, click *HBKs*, then *PO-603*.
- C. Questions and Comments.** Suggestions and comments about this handbook should be sent to:  

RURAL DELIVERY  
UNITED STATES POSTAL SERVICE  
475 L'ENFANT PLZ SW RM 7336  
WASHINGTON DC 20260-2802
- D. Cancellations.** All previous issues of Handbook PO-603 are obsolete.
- E. Effective Date.** This publication is effective as of September 2013.

A handwritten signature in black ink, appearing to read "Edward Phelan".

*Edward Phelan  
Vice President  
Delivery & Post Office Operations*



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# 1 General Information

## 11 Rural Carrier Function

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Rural letter carriers perform a vital function in the United States Postal Service (USPS) serving thousands of families and businesses in rural and suburban areas while traveling millions of miles daily. Rural letter carriers are highly respected by the American public. This respect has been earned by many years of dedication to the Postal Service and to postal customers. During national and local emergencies, including prolonged periods of extreme weather conditions, rural carriers have demonstrated great responsibility in providing mail service to postal customers.

### 111 High Quality Service

You are a member of this fine group of outstanding employees. This handbook will help you give the high quality service that is synonymous with the rural carrier craft. Ask your postmaster or supervisor to explain any points that are not clear to you.

## 12 Basic Carrier Responsibilities

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Your responsibilities include, but are not limited to, the following items:

- a. Reporting for work promptly, as scheduled.
- b. Presenting a neat, clean, and professional appearance reflecting a positive postal image.
- c. Protecting all mail, monies, and postal equipment entrusted to you.
- d. Returning all mail, monies, and postal equipment to the Post Office when you return from the route.
- e. Providing and maintaining a vehicle (if a USPS-owned/leased vehicle is not provided) of adequate size, equipped with necessary equipment (chains or snow tires, warning lights or signs, etc.), free of extraneous matter, that reflects a professional and positive image of the USPS, to serve the route safely and efficiently and in accordance with federal, state, and local motor vehicle laws and regulations. (Sections [171.51b2](#) and [3](#) address the special case of left-hand drive vehicle seat belt use and driver positioning.)

- f. Completing PS Form 4240, *Rural Carrier Trip Report*, daily to accurately reflect actual hours and minutes worked each day (see [Exhibit 12f](#)). Any deviation from the official route mileage, and/or the reasons for any delay, must be explained under the *Remarks* section of the form.
- g. Displaying a helpful and courteous attitude to postal customers.
- h. Making a conscientious effort to develop and maintain the skills necessary to satisfactorily and safely perform all duties assigned.

## 13 Basic Carrier Duties

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### 131 General

#### 131.1 Mailbox and Road Maintenance

Assist your postmaster or supervisor in obtaining the cooperation of customers and road authorities to keep approaches to boxes open and roads passable. Request the following forms, as necessary:

- a. PS Form 4024, *Request to Repair Roads* (see [Exhibit 131.1a](#)).
- b. PS Form 4056, *Your Mailbox Needs Attention* (see [Exhibit 131.1b](#)).
- c. Notice 38, *Approaches to Curbside or Rural Mailboxes* (see [Exhibit 131.1c](#)).

#### 131.2 Supplies and Equipment

Transport (without additional compensation) Post Office supplies and equipment to and from intermediate Post Offices and stations regularly served if sufficient space is available in the route vehicle.

#### 131.3 Customer Information

In accordance with instructions in chapter [2](#), maintain a roster of customers (see [23](#)), record change of address (COA) orders (see [241](#)), and forward or mark up all undeliverable mail (see [24](#)).

#### 131.4 Undeliverable Mail

Forward, hand off to another carrier, or otherwise properly dispose of all undeliverable First-Class Mail before leaving to serve the route or after returning from the route with delivery point sequenced mail that was undeliverable or any other mail which you were not able to complete delivery. Properly dispose of all other classes of mail to be forwarded or delivered to a new address if you can do so and leave at the scheduled time; otherwise, mark up the mail before the end of the day's work. Endorse undeliverable mail with the reasons for non delivery in accordance with [242.21\(a\)](#).

#### 131.5 Notification of Correct Address

Issue customers a PS Form 4052, *Notice to Customer of Correct Address*, advising them of their proper mailing address. Every PS Form 4052 must indicate (as appropriate) the customer's route and box number, or the street name and house number, and ZIP + 4 Code (see [Exhibit 131.5](#)).

**131.6 Protection of Mail**

Check carrier cases, vehicle, and equipment daily to ensure that no mail has been left or fallen into or behind cases, under shelves, car seats, etc.

**131.7 Handling of Mail**

Handle all mail so as to prevent its damage or unauthorized delay. In particular, handle mail containing biological specimens such as blood samples, dry ice, and other potentially hazardous material (HAZMAT) carefully. Address information such as a laboratory or chemical company may suggest HAZMAT content. Additionally, package markings such as "ORM-D" also indicate HAZMAT. Do not throw, drop, or slide packages containing HAZMAT, or handle them in such a way that they could be crushed or overlooked pending delivery or dispatch. Be alert for HAZMAT with the sound of broken glass, a stain on the package, or an unusual odor. Report unusual odors or signs of damage or leaks to your supervisor immediately.

**132 Delivery and Collection****132.1 Daily Responsibility**

Take out daily all mail intended for delivery. Mail must not be curtailed unless specifically authorized by your postmaster or supervisor.

**132.2 Route Sequence**

Travel the route in accordance with the approved delivery sequence (PS Form 4003, *Official Rural Route Description*; see [Exhibit 132.2](#)). Do not make unnecessary deviations. Bring to the attention of your postmaster or supervisor any changes in road conditions (new roads, bridges, etc.) that may affect the mileage, travel, or delivery sequence.

**132.3 Complete Service**

Use ingenuity and knowledge of local roads to provide as complete service as possible when portions of the route cannot be traveled with the vehicle ordinarily used. However, you are not required to provide service if it would incur excessive expense, jeopardize your safety, or require undue physical strain.

**132.4 Dismount**

You are not required to dismount to provide service except as required in [313](#) and [331.2](#).

**132.5 All Classes of Mail**

Accept, collect, and deliver on the route all classes of mail, including registered, insured, certified, special delivery, COD, Express Mail, and delivery confirmation mail. When required and authorized, transport mail between Post Offices located on the official line of travel.

**132.6 Stamp Stock**

Sell stamp supplies and accept applications for postal money orders. You must maintain an adequate supply of stamp stock to meet the normal needs of customers on the route.

**132.7 Relays**

Deliver relays when required on city delivery routes provided space is available in the vehicle and the official line of travel can be followed. You are not required to wait for relays.

**132.8 Collection**

Collect mail from all collection compartments and receptacles assigned to your route.

## 14 Equipment and Supplies

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**141 Carrier Responsibilities****141.1 Vehicle Equipment**

You are responsible for furnishing all vehicle equipment necessary for safe and prompt handling of the mail, unless a USPS-owned/leased vehicle is assigned to the route.

**141.2 Vehicle Requirements**

Your personal vehicle must be large enough to accommodate the normal mail volume and constructed to protect the mail from loss or damage.

**141.3 Vehicle Displays**

Commercial advertising must not be displayed on your vehicle while serving the route.

**141.4 USPS-Owned/Leased Vehicle**

If a USPS-owned/leased vehicle is assigned to the route, you may be requested, but not required, to furnish a vehicle during emergency situations.

**142 Postal Service Responsibilities****142.1 Equipment Maintenance Allowance (EMA)****142.11 When Authorized**

For each day you serve a route using your own vehicle, the USPS pays you the EMA in accordance with the applicable schedule. In addition, when Acts of God prevent you from performing your duties, the postmaster may authorize administrative leave. You will receive EMA for each service day you report to the Post Office and are scheduled to perform delivery.

**142.12 Exceptions**

- a. If the route is one on which a USPS-owned or -leased vehicle is regularly assigned, or used on a test or emergency basis, you will not receive EMA for the days the USPS vehicle is used.
- b. If you fail to serve any part of the route due to lack of proper endeavor, proper equipment, or other failure for which you are responsible, deductions are made from your salary or EMA. For partial failure, deductions are made at the rate of pay per mile for services on routes of 30 miles and less. For failure to perform services on that part of a route in excess of 30 miles, deductions are made at the rate of pay for such additional mileage.
- c. Deductions are made from your salary or EMA for each scheduled day on which no service is rendered. **Exception:** No deduction is made if, after you have reported at the Post Office, it is found to be impossible to serve all or any part of your route because of weather and road conditions. On triweekly routes, deductions are made of two days' pay for each scheduled day on which no service is performed.
- d. Unless authorized, you should not have access to mail other than mail for your own route. However, you may assist in separation of second-, third-, and fourth-class matter without receiving additional compensation, when requested, and if it is agreeable to you.

**142.2 Time Certificates**

On the last day of the pay period, the postmaster or designee gives you a completed PS Form 1314, *Regular Rural Carrier Time Certificate*, (see [Exhibit 142.2a](#)) or PS Form 1314-A, *Auxiliary Rural Carrier Time Certificate* (see [Exhibit 142.2b](#)), to check, initial, and verify the entries, unless you are absent from duty.

**142.3 Equipment and Supplies**

The USPS supplies all additional necessary equipment, supplies, and forms.

## 15 Schedules

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**151 Management Responsibilities****151.1 General Requirements**

Scheduling is the responsibility of management. Schedules must be realistic, based upon the receipt and availability of mail, the route evaluation, and other related service considerations. You will receive reasonable advance notice when your schedule is to be changed.

**151.2 Performance Appraisal**

If the weekly time required to serve the route consistently varies more than three hours, either below or in excess of the route's standard hours, managers should consider corrective action. Exceptions may be made for carriers 55 years of age or older, and carriers who have served continuously

for 25 years or more, provided that their conduct and efficiency are satisfactory. When it is demonstrated that a carrier 55 or over cannot confine total working time to 48 hours per week or less, the route will be adjusted.

## 152 **Carrier Requirements**

### 152.1 **Work Schedule**

You must report to the Post Office, as scheduled, without regard to weather conditions, and must make every effort to perform full service.

### 152.2 **Leaving Schedule**

Maintain the schedule for leaving established on PS Form 4240. A maximum of 20 minutes' delay in leaving time is permitted if approved by your postmaster or supervisor. An exception is made only when preferential mail cannot be cased and tied out within the 20 minutes' leeway or as provided in [153.2](#).

### 152.3 **Lunch Breaks**

#### 152.31 **Routine Schedule**

You may stop for not more than 30 minutes for lunch, during which time mail and equipment must be protected. You may split your lunch period into segments that may be taken in the office or on the route providing the normal schedule is maintained to the extent possible. Time spent consuming coffee away from your case in the office or on the route is considered part of the 30-minute authorized lunch period and must be recorded under lunch on PS Form 4240.

#### 152.32 **Deviation**

Any deviation from the authorized line of travel, including lunch, must be approved in advance by your postmaster or supervisor. The segments must be taken at approximately the same time and be of the same duration daily to avoid extreme schedule variations. Record the actual time of all lunch breaks or segments on PS Form 4240.

#### 152.4 **Regular Service**

Serve the route expeditiously and, as far as practicable, regulate travel to arrive at boxes at about the same time each day.

#### 152.5 **Routine Return**

After completing your route, follow your authorized line of travel and return promptly to the Post Office unless deviation is approved by your postmaster or supervisor.

#### 152.6 **Triweekly Service**

If you serve a triweekly route and cannot perform the scheduled duties due to climatic or other conditions beyond your control, perform the service on the next working day if conditions permit.

**152.7 Time Record****152.71 Exact Time**

Record daily on PS Form 4240 in hours and minutes the exact time of reporting, leaving, returning to the office, and completion of duties. No other time record is required. The entries must be made in accordance with chapters [2](#) and [4](#). In the absence of regular carriers, leave replacements enter their names under the *Remarks* column.

**152.72 Exception**

Carriers providing auxiliary assistance or serving an auxiliary route may be required to use time cards and/or time recording equipment, where available.

**153 Management Requirements****153.1 Special Customer Service**

If convenient and nondisruptive, postmasters, supervisors, or designated employees may deliver mail to customers of a rural route, or a nonpersonnel rural unit who call for it when the office is open to the public. Customers of an intermediate Post Office may call for their mail during office hours at the Post Office where it is held.

**153.2 Delayed Departures**

Management may delay your departure when the principal receipt of mail is delayed, provided the later departure permits you to meet the normal dispatch schedule.

**153.3 Earlier Arrivals**

Management may schedule you, or you may request, to report earlier on days when the mail volume is greater than normal in order to maintain regularly scheduled leaving time.

## 16 Rules of Conduct

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**161 Funds**

Keep postal funds separate from personal money. All funds belonging to the Postal Service must be turned in daily to your postmaster, supervisor, or a designated employee.

**162 Fixed Credits****162.1 Stamp Stock**

Rural carriers must maintain a supply of stamp stock sufficient to meet the needs of the route. An adequate quantity of postage stamp fixed credits is issued to you, unless you prefer to purchase an adequate amount of stock with personal funds. Rural carriers must have access to stamp stock replenishment in the office and must not be required to purchase stock from a window clerk in the service lobby.

**162.2 Fixed Credits**

The originating headout office issues and replenishes fixed credits. If you serve an intermediate office, replenish that portion of your credit equal to the stamps sold at the intermediate office to customers of that office.

**162.3 Responsibility for Fixed Credit**

When you accept responsibility for a fixed credit, sign a PS Form 3369, *Consigned Credit Receipt* (see [Exhibit 162.3](#)), retain the duplicate, and return the original to the person who issued the stock. When it is necessary to increase or decrease the regular amount of a fixed credit, a new PS Form 3369 must be signed, and the previous form canceled and returned to you. A supplemental *write-in* PS Form 3369 may be used for temporary increases in a fixed credit (i.e., during Christmas or other seasonal demands).

**Note:** If you are assigned a fixed credit or vending credit, you are strictly accountable for the amount of the credit. If any shortage occurs, you are financially liable unless you have exercised reasonable care in the performance of your duties. In this regard, management audits your fixed credit, or vending credit, no less frequently than once every 4 months.

**163 Outside Employment****163.1 Allowable**

You may engage in outside employment and other outside activity with or without compensation, except as limited by statute, executive order, or regulations, including those listed in the *Employee and Labor Relations Manual* (ELM) 661, Code of Ethical Conduct.

**163.2 Restricted**

You may not engage in outside employment or other outside activity that interferes with the duties and responsibilities of Postal Service employment. It is impossible to prescribe detailed rules to cover every type of employment or activity incompatible with postal duties and responsibilities. However, the ELM 661 provides guidance for specific situations and illustrates the manner in which the general principles should be applied.

**163.3 Other Activities**

Do not act as an agent for, or have any interest in, the manufacture or sale of rural mail receptacles requiring official USPS approval. You may order boxes for customers if you realize no profit.

**164 Service Changes****164.1 Petitions**

Do not circulate or encourage the circulation of *petitions for changes in service*. Refer questions relating to changes in service to your postmaster or supervisor.

**164.2 Extensions**

Report potential route extensions and/or new service to your postmaster or supervisor. Do not extend service without prior approval of your postmaster or supervisor.

**164.3 Route Adjustments**

You will be notified in advance of any route adjustments (including remeasurements) and given the opportunity to submit comments, in writing, in accordance with the United States Postal Service-National Rural Letter Carriers' Association (USPS-NRLCA) National Agreement. These comments are considered as a factor when such adjustments are under consideration and before a final decision is made.

**165 Directories and Mailing Lists**

Do not directly or indirectly cooperate with or assist publishers or others in obtaining the names and addresses of customers on your route. Do not provide copies of the route map or description of line of travel to unauthorized personnel. However, management may require you to provide current information on individual addresses and sequence address cards. Management may request, but not require, you to correct those portions of mailing lists that apply to your route.

**166 Drivers or Helpers****166.1 Unauthorized Passengers**

Do not carry unauthorized persons in the vehicle while on duty nor employ a driver or helper without the approval of your postmaster or supervisor.

**166.2 Authorized Passengers**

A rural carrier craft employee may be authorized to accompany you on the route for training purposes only.

**166.3 Suspension/Revocation of Driver's I.D.**

If your OF-346, *U.S. Government Motor Vehicle Operator's Identification*, is suspended or revoked (see [172c](#)), the provisions of Article 29, USPS-NRLCA National Agreement will be in effect.

**167 Extra Fees**

Do not request or accept fees from customers for the delivery or collection of mail. Do not require the payment of postage for mail in excess of prescribed rates.

**168 Political Activity**

For information regarding political activity, refer to the ELM 663.

**169 Sanctity of Mail****169.1 Exhibition**

Do not exhibit mail to other than the addressee or the addressee's authorized agent.

**169.2 Privacy**

Do not open, read, or search mail. **Exception:** See *Domestic Mail Manual* (DMM) 115.

## 17 Traffic Safety and Accident Reporting

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**171 Traffic Safety****171.1 Laws and Regulations**

Traffic accidents frequently result in costly property damage, severe injuries, and death. For your protection and that of other motorists, drive safely at all times. Remember that rural carriers have no special driving privileges on public streets and roads. *You are subject to the same traffic laws and regulations as other motorists.* (Sections [171.51b\(2\)](#) and [\(3\)](#) address the special case of left-hand drive vehicle seat belt use and driver positioning.)

**171.2 Rural Boxes**

Rural boxes must be placed so that they may be safely and conveniently served by you without leaving your vehicle. Rural boxes must be located on the right-hand side of the road in the direction of your travel in all cases where traffic conditions are such that it would be dangerous for carriers to drive to the left in order to reach the boxes, or where their doing so would constitute a violation of traffic laws and regulations. For other exceptions, see [132.4](#). Boxes must be placed to conform with state laws and highway regulations.

**171.3 Obstructions**

Customers must remove all obstructions, including snow, that hinder or prevent delivery. Use Notice 38 and PS Form 4056 to notify customers to correct any deficiencies. PS Form 4056 must be signed by your postmaster or supervisor (see [313.2](#)).

**171.4 Safe Driver Awards**

All rural carriers participate in the Postal Service Safe Driver Award Program. If you drive on official business for one or more accident-free years, you are eligible to receive the nation's highest award for professional safe driving.

**171.5 Protection****171.51 Federal Employees' Compensation Act (FECA)****a. Seat Belt Requirements — Driving Own Vehicle**

Rural carriers are protected under FECA in the event they sustain an injury while in the performance of duty. Rural letter carriers are considered to be *in the performance of duty* for purposes of FECA when driving their own vehicle between their home and the Post Office, and between the Post Office and their home, provided Postal Service records indicate that the Postal Service required the carrier to furnish the vehicle. Therefore, seat belts must be worn when traveling from home to the place of employment and from the place of employment to home.

**b. Seat Belt Requirements — Driving Own or Postal Vehicle**

- (1) Seat belts must be worn at all times when operating a Postal Service—owned or -leased vehicle. If a privately owned right-hand drive (RHD) vehicle is used on the route, seat belts must be worn at all times and the carrier must be positioned directly behind the steering wheel whenever the vehicle is being operated. Carriers driving RHD vehicles equipped with both shoulder and lap belts may disengage the shoulder belt only in those situations when the shoulder belt prevents their ability to deliver or collect mail from curbside mailboxes. The lap belt must be worn at all times the vehicle is being operated. A privately owned vehicle fully equipped with dual controls (steering wheel, brake, and gas pedals) is considered an RHD vehicle for the purpose of this requirement.
- (2) When operating a privately owned left-hand drive (LHD) vehicle, seat belts must be worn and the carrier must be positioned directly behind the steering wheel when traveling to and from the route, between Postal Service units, and during any deviations from the established line of travel beyond one-half mile for delivery, including travel between routes when service is provided on more than one route. A privately owned vehicle partially equipped with dual controls is considered an LHD vehicle for the purpose of this requirement.
- (3) If a privately owned left-hand drive (LHD) vehicle is used on the route, it is advisable that the rural carrier use seat belts and be positioned behind the steering wheel when delivery and collection activities do not unduly encumber, delay, or fatigue the rural carrier. When using a privately owned LHD vehicle on the route, the rural carrier may operate the vehicle without use of the seat belt and/or without being positioned directly behind the steering wheel provided the carrier determines it is safe to do so. The rural carrier should consider the following factors when assessing the use of the seat belt and appropriate seating position:
  - (a) Distance between stops.

- (b) Traffic density and weather conditions.
- (c) Road design characteristics, such as number of intersections traversed, road shoulder width, and surface conditions.
- (d) Other factors affecting safety.

#### 171.6 **Authorized Passengers**

Only authorized passengers on official postal business are permitted to ride in postal-owned, GSA-owned, rental, or contract vehicles (including employees' privately owned vehicles when used in postal operations). All passengers must use seat belts. Where conventional passenger seats have not been provided in the vehicle, use an approved auxiliary seat, facing forward, and equipped with a backrest and seat belts. Sitting in other than an approved seat, or standing in a postal vehicle while such vehicle is in motion, is prohibited.

#### 171.7 **Vehicle Doors**

When traveling to and from the route and entering or crossing intersecting roadways, all vehicle doors must be closed. When operating a RHD vehicle on delivery routes and traveling in intervals of 500 feet (1/10 mile) or less between delivery stops, the sliding door on the driver's side may be left open.

#### 171.8 **Unsafe Practices**

DO NOT FINGER MAIL WHILE DRIVING, or engage in other unsafe practices when the vehicle is in motion.

### 172 **Vehicle Operator's Permit**

You must:

- a. Possess a valid state driver's license.
- b. Obtain an OF-346. Handbook PO-701, *Fleet Management*, established the requirements for this permit.
- c. Inform your postmaster or supervisor immediately of the revocation or suspension of your state driver's license. **Note:** Revocation or suspension of your state driver's license necessitates suspension of your OF-346 for at least the same period of time. In the event that such revocation or suspension of the state driver's license is *with the condition* that the employee may operate a vehicle for employment purposes, the OF-346 is not automatically revoked.

## 173 Accident Reporting

### 173.1 Vehicle Accidents

#### 173.11 Notify Postmaster or Supervisor

Report all accidents. Having your own automobile insurance does not relieve you of the responsibility to submit a report on Standard Form (SF) 91, *Operator's Report of Motor Vehicle Accident*, to your postmaster or supervisor.

#### 173.12 Carry Report Kit

A *Vehicle Accident Report Kit*, Item 087-H, must be carried in the vehicle when it is used for official business (see [Exhibit 173.12](#)). Request this kit from the postmaster or supervisor and be sure the envelope is sealed. If it is not, obtain a sealed replacement.

#### 173.13 Remain at Scene

If involved in an accident, regardless of the cause or the amount of damage, injury, or death, remain at the scene until you have:

- a. Obtained aid and assistance for any injured person.
- b. Safeguarded the scene against further accident.
- c. Secured and protected the mail.
- d. Notified the postmaster or supervisor, or designee.
- e. Notified local or state police as required.
- f. Provided other drivers or principal parties to the accident the information required by law using PS Form 4585, *Postal Driver Accident Information* (see [Exhibit 173.13f](#)).
- g. Obtained, as far as practicable, the names and addresses of all principals and witnesses using PS Form 4586, *Accident Information* (see [Exhibit 173.13g](#)). Do not make any statements admitting personal or postal liability, or criminal negligence, or attempt to negotiate an agreement or settlement with anyone.
- h. Completed SF 91. This report (see [Exhibit 173.13h](#)) may be prepared at the scene of the accident or immediately after. You must submit it to your postmaster or supervisor before going off duty on the day of the accident. Regardless of the amount of damage, injury, or deaths, accidents must be reported on SF 91 even though the other principals involved state that no claim will be filed for or against the Postal Service or its employees. SF 91 is also required for accidents involving other postal personnel, equipment, vehicles, or property. **Note:** If you are physically unable to comply with the preceding instruction, the postal official in charge ensures that the required investigations and reports are made.

**173.2 Accidents (Other Than Vehicle)**

If you are injured on the job:

- a. Notify your postmaster or supervisor so PS Form 1769, *Accident Report*, can be completed (see [Exhibit 173.2a](#)). For details, see ELM 820.
- b. Obtain a Form CA-1, *Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation*, from your postmaster or supervisor any time you are injured on the job. Complete and return it to your postmaster or supervisor within 48 hours of the time of injury (see [Exhibit 173.2b](#)). For details see ELM 540.

## 18 Compensation for Injury or Death

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FECA provides compensation for injury incurred by, or death of, postal employees in the performance of duties. For details, see ELM 540.

Exhibit 12f (p. 1)  
**PS Form 4240, Rural Carrier Trip Report**

U.S. Postal Service <b>RURAL CARRIER TRIP REPORT</b> <small>(See instructions on reverse)</small>		Post Office, State and ZIP +4 Code <b>GAINSVILLE, FL 32602 - 9998</b>		Guarantee Period From <u>1-4-89</u> Thru <u>1-3-90</u> No. <u>10</u> From <u>1-2-90</u> Thru <u>1-29-90</u>		Accounting Period Rural Carrier Hours Hours Hundreds Hours						
Name <u>CHARLES ADAMS</u>	Regular Carrier	Substitute Carrier	Social Security No. <u>214-60-1970</u>	Actual Number <u>JAN 11/11</u>	Social Security No. <u>232-0-1997</u>	Beginning of A/P <u>1-31-89</u>	Current End of A/P <u>1-31-90</u>					
Reports <u>0700</u>	Leaves <u>004</u>	Returns <u>1430</u>	Length (Miles) <u>24.80</u>	Ends <u>004</u>	Regular Boxes <u>386</u>	Central Boxes <u>84</u>	Stops <u>390</u>	Authorized Dismounts <u>12</u>	Families <u>470</u>	Businesses <u>6</u>	Businesses <u>6</u>	
Carrier's Daily Time Record * (Exact hour and minutes)											Boxes Vacant Over 90 Days	
Management Daily and Weekly Verifications											Boxes Vacant Over 90 Days	
Day of Week	Date	Rptd. at Post Office	Left Office to Serve Route	Rnd. to Post Office	Comp. Work at Post Office	Lunch Period Actual Time	Standard Hrs.	Daily Hours (Evaluated)	Daily Hours (Evaluated)	Residential <u>350</u>	Business <u>84</u>	Other <u>6</u>
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Reg.	Sub.											
Stat.	<u>6-2</u>	<u>6:30</u>	<u>11:10</u>	<u>2:30</u>	<u>3:00</u>	<u>.30</u>	<u>8:00</u>					
Mon.	<u>6-4</u>	<u>7:00</u>	<u>11:30</u>	<u>2:50</u>	<u>3:45</u>	<u>.30</u>	<u>8:00</u>					
Tues.	<u>6-5</u>	<u>7:00</u>	<u>11:00</u>	<u>3:00</u>	<u>3:30</u>	<u>.30</u>	<u>7:30</u>					
Wed.	<u>6-6</u>	<u>7:00</u>	<u>11:15</u>	<u>2:30</u>	<u>3:30</u>	<u>.30</u>	<u>8:00</u>					
Thur.	<u>6-7</u>	<u>7:00</u>	<u>11:30</u>	<u>3:10</u>	<u>3:40</u>	<u>.30</u>	<u>8:00</u>					
Fri.	<u>6-8</u>	<u>7:00</u>	<u>11:25</u>	<u>2:40</u>	<u>3:30</u>	<u>.30</u>	<u>8:00</u>					
Sat.	<u>6-9</u>											
Mon.												
Wk 2												
Tues.												
Wed.												
Thur.												
Fri.												
Sat.												
Mon.												
Wk 1												
Tues.												
Wed.												
Thur.												
Fri.												
Sat.												
Mon.												
Wk 3												
Tues.												
Wed.												
Thur.												
Fri.												
Sat.												
Mon.												
Wk 4												
Tues.												
Wed.												
Thur.												
Fri.												

**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.)

*HC Hill  
Break Down (7:15 T:22) .30 Mins*

I certify that this report is correct, and that entries have been made promptly daily.

Carrier's Signature

Date

I certify that all entries have been completed and verified.

Postmaster or Designated Supervisor's Signature

Date

PS Form 4240, Aug. 1987

Exhibit 12f (p. 2)

**PS Form 4240, Rural Carrier Trip Report****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 hundredths and enter the time in Columns 7-8. Entries in Columns 9-11 must also be shown in hours and hundredths.
- Record the CUMULATIVE TOTALS for actual hours worked by the regular and substitute 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 the prescribed Christmas period shall be identified by circling the entry in Column 9.
- Record weekly overtime for all hours and hundredths 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 Form 4003 if unnecessary travel can be eliminated or when otherwise required.
- During the accounting period, if as sufficient number of boxes are added to or subtracted from a route to trigger a change in the route's evaluation, adjust the carrier's compensation as required in Part 415.
- When the Guarantee Period ends during an accounting period, close out the 4240 and begin a new sheet.

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 of Post Offices Supplied by Locked Pouch		
1.	4.	7.
2.	5.	8.
3.	6.	9.

Use this information to update "DELIVERY DATA" when next Form 4240 is prepared.

Date	Boxes/Stops (+) or (-)	Box #, Street Address, Apt./Suite # and Customer's Name	Residential				Business				Det Box/ NPU
			Other	Curb	NDCBU	Other Central	Other	Curb	NDCBU	Other Central	
6-4	+6	3349 Somis Rd C. Adams #1 C.A. Adams #2 H. Adams #3 J. Adams #4 C. Davidson #5 J. Davidson #6				6					
6-6	+1	3370 Groves Pl. - PERMAN					1				
6-8	-1	5881 PALM BLVD. (Vacant -90)				-1					

Additional Information

The collection of this information is authorized by 39 USC 401, 1003, 1005, 5 USC 8339. It will be used to reflect accurate timekeeping. As a routine use, this information may be disclosed to a Federal agency when relevant to the administration of employment benefits and programs including EEO, to an appropriate law enforcement agency for investigation or prosecutive purposes, to a Congressional office at your request, to the OMB for review of private relief legislation, to a labor organization as required by the NLRA, and where pertinent, in a legal proceeding to which the Postal Service is a party. Completion of this form is a pre-condition of your employment.

Exhibit 131.1a  
**PS Form 4024, Request to Repair Roads**



**United States  
Postal Service**

The United States Postal Service requires that roads traveled by its delivery personnel shall be kept in passable condition for motor vehicles, under ordinary weather conditions. Poorly maintained roads sometimes make it necessary for the Postal Service to rearrange a route's line of travel to avoid hazards. Local road authorities and/or residents involved in keeping roads in proper repair, should act promptly so that changes in delivery service do not become necessary.

Office & Route No.: SEVERNA PARK, MD - RURAL ROUTE 1

Location of Road(s): RIDGEWOOD ROAD, 1/2 MILE PAST COTTONWOOD

Work Needed: REPAIR BRIDGE

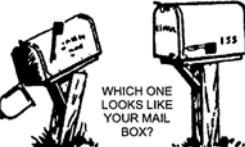
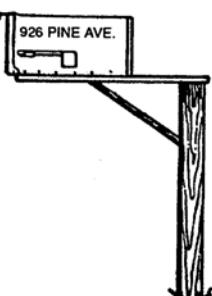
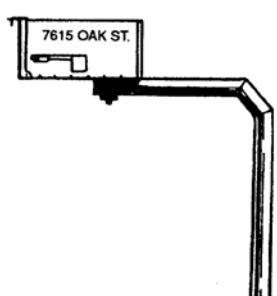
The road(s) mentioned above have been reported as being poorly maintained and present a hazard. Please give this matter timely attention and advise me within 30 days when the necessary repairs will be made.

Sincerely,

*J. M. Davidson*

## Exhibit 131.1b

**PS Form 4056, Your Mailbox Needs Attention (Front & Back)**

<p><b>Your Mailbox Needs Attention</b></p> <p style="text-align: center;">(Date) _____</p>  <p style="text-align: center;">WHICH ONE LOOKS LIKE YOUR MAIL BOX?</p>		<p><b>INSTRUCTIONS</b></p> <p>Whenever possible, boxes must be located so that carrier's vehicle is off pavement when serving them.</p> <p>Rural box number (or house number) must be painted on box in numerals not less than one inch.</p> <p>Post must be neat and of adequate strength and size.</p> <p>Approach to box should be a hard level surface (gravel, cinders, stone).</p> <p>Boxes must be placed to conform with state laws and highway regulations.</p> <p style="text-align: center;">• • • • • • • • • • • • • • • •</p>																										
<p>Postal regulations require customers to provide and erect at their own expense rural mail boxes which meet official standards. A recent inspection disclosed the following faults.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1. Your box is not an approved box</td> <td style="width: 50%;">10. The Signal Flag needs attention</td> </tr> <tr> <td></td> <td>11. Your box is too near the road</td> </tr> <tr> <td>2. The door needs attention</td> <td>12. Your box is too far from the road</td> </tr> <tr> <td></td> <td>13. Your box should face the road</td> </tr> <tr> <td>3. Box must be located so carrier can serve it without leaving vehicle</td> <td>14. Your box should be securely fastened to its support</td> </tr> <tr> <td></td> <td>15. Your box should be made level, and the post firmly planted</td> </tr> <tr> <td>4. Your box is not waterproof</td> <td>16. A new post for your box should be provided</td> </tr> <tr> <td></td> <td>17. The rural box number must be printed in numerals not less than one inch high on the side of the box visible to the carrier as they approach it or on the box door if the boxes are grouped</td> </tr> <tr> <td>5. Your box should be raised _____ inches</td> <td>18. Your box should be painted to prevent rusting</td> </tr> <tr> <td>6. Your box should be lowered _____ inches</td> <td>19. Your house number must be clearly displayed _____ on your house or _____ on your box</td> </tr> <tr> <td>7. Your box must be located on the right-hand side of the road in the carrier's direction of travel</td> <td></td> </tr> <tr> <td>8. The approach to your box should be filled and properly graded &amp; kept unobstructed at all times</td> <td></td> </tr> <tr> <td>9. The approach to your box should be kept clear of snow, vehicles, and other obstacles.</td> <td></td> </tr> </table>		1. Your box is not an approved box	10. The Signal Flag needs attention		11. Your box is too near the road	2. The door needs attention	12. Your box is too far from the road		13. Your box should face the road	3. Box must be located so carrier can serve it without leaving vehicle	14. Your box should be securely fastened to its support		15. Your box should be made level, and the post firmly planted	4. Your box is not waterproof	16. A new post for your box should be provided		17. The rural box number must be printed in numerals not less than one inch high on the side of the box visible to the carrier as they approach it or on the box door if the boxes are grouped	5. Your box should be raised _____ inches	18. Your box should be painted to prevent rusting	6. Your box should be lowered _____ inches	19. Your house number must be clearly displayed _____ on your house or _____ on your box	7. Your box must be located on the right-hand side of the road in the carrier's direction of travel		8. The approach to your box should be filled and properly graded & kept unobstructed at all times		9. The approach to your box should be kept clear of snow, vehicles, and other obstacles.		<p>Suggested installation of a single box.</p>  <p>Suggested installation where snow removal is a problem.</p> 
1. Your box is not an approved box	10. The Signal Flag needs attention																											
	11. Your box is too near the road																											
2. The door needs attention	12. Your box is too far from the road																											
	13. Your box should face the road																											
3. Box must be located so carrier can serve it without leaving vehicle	14. Your box should be securely fastened to its support																											
	15. Your box should be made level, and the post firmly planted																											
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8. The approach to your box should be filled and properly graded & kept unobstructed at all times																												
9. The approach to your box should be kept clear of snow, vehicles, and other obstacles.																												
<p>20. Other Faults</p> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div>		<p>Please help us provide you with better service by correcting these faults by _____.</p> <p>After this date, delivery service may be suspended until the faults are corrected. Your cooperation is greatly appreciated.</p> <p>If you have any questions please see your carrier or contact me.</p> <p style="text-align: center;">(Postmaster) _____</p>																										
		<p>PS Form 4056, February 1991</p>																										
<p>PS Form 4056, February 1991 (Reverse)</p>																												

## Exhibit 131.1c

**Notice 38, Approaches to Curbside or Rural Mailboxes****Approaches to Curbside or Rural Mailboxes**

Dear Postal Customer:

This is a reminder that postal regulations regarding delivery of mail to rural or curbside boxes require customers to keep the approach to their mailbox cleared of snow, vehicles, and other objects. This will permit the carrier to drive up to your mailbox to deposit and collect mail without leaving the vehicle. Clear the approach to and exit from the mailbox on both sides to allow the carrier to drive ahead rather than back up the vehicle after delivery.

Your cooperation in this matter is sincerely appreciated. If you have any questions, please contact us.

Notice 38, January 1988

Your Postmaster

U.S. Government Printing Office: 1991 - 282-404/25772

Exhibit 131.5

**PS Form 4052, Notice to Customer of Correct Address****NOTICE TO CUSTOMER OF CORRECT ADDRESS**

Dear Rural Customer:

In an effort to improve service in your area, it recently became necessary for the Postal Service to change your mailing address. We regret any inconvenience this change may cause.

Effective 1-3, 1990, your new mailing address will be:

<u>ROUTE 3</u>	<u>250</u>	
(Rural Route)	(Box No.)	
<u>FLAT ROCK</u>	<u>ND</u>	<u>81101-0113</u>
(City)	(State)	(ZIP + 4)

This new address must be placed on the side of your mail receptacle visible to the carrier as he or she approaches. Letters and numbers should be at least one inch high. In those locations where a number of boxes are grouped together, the address should be located on the door of the box.

Your cooperation in promptly notifying your correspondents of this new address will assist us in providing the fast accurate service you deserve. For your convenience, letter carriers maintain a supply of Form 3576, *Change-of-Address Request for Correspondents, Publishers and Businesses*, for use in notifying correspondents and publishers of your new address.

Mail bearing your old address will be redirected to you without charge for one year from the effective date of this change.

Thank you for your patience and cooperation.

Postmaster

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**PLEASE USE ZIP CODES ON ALL CORRESPONDENCE**

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## Exhibit 132.2

## PS Form 4003, Official Rural Route Description

U.S. Postal Service OFFICIAL RURAL ROUTE DESCRIPTION														
Postmaster will complete this part. See instructions for completion on reverse of Part 3.														
Post Office  <b>Mechanicsville</b>  State and ZIP + 4 Code  <b>VA      23111-9998</b>				*New Base Hour (Standard Hour) Change Required										
				<input type="checkbox"/> Adjustment	<input type="checkbox"/> Convert to Reg.	<input type="checkbox"/> Extension	<input type="checkbox"/> Option Election	<input type="checkbox"/> Remeasured	<input type="checkbox"/> Coll/Comp	<input type="checkbox"/> Discontinued	<input type="checkbox"/> Locked Pouch	<input type="checkbox"/> Parcel Locker	<input type="checkbox"/> Vehicle Data	<input type="checkbox"/> Consolidation*
Finance No.		Route No.		New Length		Converted to centralized boxes only					NDCBU	Parcel Locker	Option	
5 1 6 3 3 5		001		0 5 5 1 0 0 0 0		0 0 0 0 0 0 0 0		0 0 0 0 0 0 0 0		Coll/Comp	High			
Locked Pouch		Weekly Dismounts		Weekly Dismount Distance		Regular Boxes		Centralized Boxes		Stops	Base Change	Vehicle Data	Effective Date	
No.	Avg. Daily Wgt.	0 0 0 0 0 0 0 6	0 0 0 0 0 0 9 0	0 4 4 0 0 0 1 3	4 3 0 4 5 2 9	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 1 0 0	0 6 1 6 9 0	<input type="checkbox"/> EMA	<input type="checkbox"/> OEMMA	<input type="checkbox"/> Govt. Veh.
Name of Carrier  <b>Penny Seay</b>										Approved By	<i>Edmund W. Clopper</i>			
										Date	6/8/90			
Line	BRIEFLY DESCRIBE THE LINE OF TRAVEL FROM THE POST OFFICE AND RETURN					Miles	Line	SHOW ONLY ONE DIRECTION AND RETRACE ON EACH LINE TO TWO DECIMAL PLACES					Miles	
1	L on Mill Rd to Bluffside Rd					.15	41							
2	L on Bluffside Rd Dismount Serve CBU					.55	42							
3	Retrace Bluffside Rd to Mill Rd					.55	43							
4	L on Mill Rd to Maple Dr					1.05	44							
5	R on Maple Dr & Retrace to Mill Rd					.50	45							
6	R on Mill Rd to Rock Ridge Rd					2.00	46							
7	R on Rock Ridge Rd to River Rd					5.60	47							
8	***** Dangerous Intersection *****						48							
9	L on River Rd to Deer Run Ln					4.80	49							
10	L on Deer Run Ln & Retrace to River Rd					.60	50							
11	L on River Rd Catlin Rd					3.55	51							
12	L on Catlin Rd to Atlee Rd					1.70	52							
13	R on Atlee Rd to Mountain Rd					3.80	53							
14	L on Mountain Rd to HWY 141					4.15	54							
15	L on HWY 141 to Romaine Creek Rd					1.10	55							
16	R on Romaine Creek Rd to Sandston Rd					.70	56							
17	L on Sandston Rd to Amelia St					.70	57							
18	R on Amelia St to Chesterfield Dr					.55	58							
19	L on Chesterfield Dr to Arvonia St					.15	59							
20	R on Arvonia St to Montdelia Dr					.15	60							
21	L on Montdelia Dr to Ashland St					2.80	61							
22	R on Ashland St to Louisa Dr					5.80	62							
23	L on Louisa St to Stafford Dr					4.65	63							
24	***** Caution RR Crossing *****						64							
25	R on Stafford Dr to West St					7.40	65							
26	L on West St to Mill Rd					1.30	66							
27	R on Mill Rd to Post Office					.80	67							
28							68							
29							69							
30							70							
31							71							
32							72							
33							73							
34							74							
35							75							
36							76							
37							77							
38							78							
39							79							
40								Total Official Route Mileage					55.10	

PS Form 4003, June 1987

POSTMASTER - 3

Exhibit 142.2a  
**PS Form 1314, Regular Rural Carrier Time Certificate**

Name of Assigned Carrier						Finance Number	Social Security Number				DES	Rte. No.	FLSA Code	Yr.	Pay Period	
ROSEMARK DA						11-8000	E 468-23-3012				/1	K001	B	90	13	
Days Assigned Carrier Absent (See Codes on Reverse)						Actual Weekly Work Hours	Daily Overtime	Training Hours	COP Hours	Limited Duty Hours	Route Dev.	GT Veh. Used	Miles Omitted	Christmas Asst. Wrk. Hrs.		
Week	Sat.	Mon.	Tues.	Wed.	Thur.	Fri.										
1.	<i>K</i>						42 15 Hrs.   100s	Hrs.   100s	Hrs.   100s	Hrs.   100s	Miles	Trips	Miles	Hrs.   100s		
2.	<i>K X</i>						36 10 Hrs.   100s	Hrs.   100s	Hrs.   100s	Hrs.   100s	Miles	Trips	Miles	Hrs.   100s		
Week 1 Information															Week 2 Information	
DES	Name of Relief Carrier		Social Security Number			Actual Wkly Wrk Hrs	Trips	No EM Only	Whole Miles		Actual Wkly Wrk Hrs	Trips	No EM Only	Whole Miles		
73	<i>BRENICK R</i>		333-22-4422			06 90 Hrs.   100s	1				14 08 Hrs.   100s	2				
This certifies that the above carrier rendered service in compliance with postal regulations.						Postmaster's Signature				Date	Carrier's Initials					
<i>Jeanne Jochum</i>															<i>DAR</i>	

86206-1

## Exhibit 142.2b

**PS Form 1314-A, Auxiliary Rural Carrier Time Certificate**

Name of Assigned Carrier						Finance Number	Social Security Number				Des.	Rte No	FLSA Code	Yr.	Pay Period			
JOHNSON JL						43-4343	579-23-6846				78	A005	P	90	13			
W K	Actual Weekly Work Hours	Training Hours	Night Work (77 Only)	Equipment Allowance			Leave—Whole Hrs				N—No Service					Christmas Assistant Work Hours		
	Hrs.   100s	Hrs.   100s	Hrs.   100s	Hrs.	Tr	Miles	GT	Annual	Sick	Other	Cop	Sat	Mon	Tue	Wed	Thur	Fri	
1	32 12 Hrs.   100s			28 6	250													Hrs.   100s
2	25 17 Hrs.   100s	Hrs.   100s	Hrs.   100s	20 5	205													<i>N</i> Hrs.   100s
Week 1 Information															Week 2 Information			
Des.	Name of Relief Carrier		Social Security Number			Actual Wkly Wrk Hrs	Night Work (77 Only)		Equipment Allow			Actual Wkly Wrk Hrs	Night Work (77 Only)		Equipment Allow			
78	<i>STONE JK</i>		120-34-7890			Hrs.   100s	Hrs.   100s					05 24 Hrs.   100s	Hrs.   100s					<i>04 1 043</i>
This certifies that the above carrier rendered service in compliance with postal regulations.						Postmaster's Signature				Date	Carrier's Initials							
<i>R E Seay</i>															<i>JLJ</i>			

PS Form 1314-A, March 1987

EDM-7833

Exhibit 162.3

**PS Form 3369, Consigned Credit Receipt**

Name <i>N. CLOHER</i>	Location of Credit <b>LAKESHORE BRANCH</b>	
(Check One)	Credit Amount	55 00
<input checked="" type="checkbox"/> Stamp Credit <input type="checkbox"/> Cash Credit	Max. Authorized Cash Portion	\$ 13 75
Issued by (Signature) <i>J.M. Davidson</i>	Date 6-29-90	
<p>I will faithfully account to the U.S. Postal Service for the consigned credit amount shown above or modified by transactions recorded on my Daily Financial Reports. I have read the following statements and have been advised of the priorities of protection to be given funds and accountable paper in Part 434.2-434.4, <i>Fiscal Handbook</i>, F-1, and Parts 213 and 220, <i>Fiscal Handbook</i>, F-50. Employees and contractors will be held responsible for losses of stamps and funds from stamp credits resulting from failure to give the best available protection during and after post office hours in accordance with Part 430, <i>Fiscal Handbook</i>, F-1. Withdrawal of official funds for personal use, whether temporary or permanent, may subject employees or contractors to removal from office, cancellation of contract, and criminal prosecution for violation of Title 18, Section 641 or 1711, U.S. Code.</p>		
Signature <i>N. Cloher</i>	Date 6-29-90	

PS Form 3369, May 1987 \*U.S. GPO 1991: 282-404/25770 CONSIGNMENT CREDIT RECEIPT

Exhibit 173.12

**Item 087-H, Vehicle Accident Report Kit**

UNITED STATES POSTAL SERVICE VEHICLE ACCIDENT REPORT KIT										
CONTENTS-a. Standard Form 91	b. Form 4585	c. Form 4586	d. Pencil	e. Chalk	f. Local Instructions					
<b>INSTRUCTIONS FOR OPERATORS INVOLVED IN ACCIDENT</b>										
a. Stop at the scene	b. Aid or assist any injured person.	c. Safeguard the scene against further accidents.	d. Safeguard the mail.	e. Provide other driver(s) and/or police with any information required by law. (Use Form 4585 for this purpose.) Note: Do not make any statement admitting personal or government liability or criminal negligence or attempt to negotiate an agreement or settlement with anyone.)	g. Obtain names, addresses and telephone number of the owners or drivers of any vehicles or property damaged. Note the extent of visible damage. h. Obtain the names, address and telephone numbers of any witnesses. (Use Form 4586 for this purpose.) i. Mark on pavement with chalk, positions of vehicles wheels, objects, or persons involved in the accident. j. Complete Standard Form 91 and submit it to your immediate superior before going off duty on the day of the accident.					
k. Notify your office in accordance with local instructions.										
<table> <tr> <td><u>M-F</u></td> <td><u>EVE</u></td> <td><u>SAT</u></td> <td><u>SUN</u></td> <td><u>HOL</u></td> </tr> </table>						<u>M-F</u>	<u>EVE</u>	<u>SAT</u>	<u>SUN</u>	<u>HOL</u>
<u>M-F</u>	<u>EVE</u>	<u>SAT</u>	<u>SUN</u>	<u>HOL</u>						
Vehicle Maintenance Facility: _____										
Vehicle Base Supervisor: _____										
Police:	City _____	County _____	State _____							
<b>FOR YOUR PROTECTION—REPORT ALL ACCIDENTS IN WHICH YOU ARE INVOLVED WHILE OPERATING ANY VEHICLE ON OFFICIAL BUSINESS</b>										

Exhibit 173.13f  
**PS Form 4585, Postal Driver Accident Information**

U.S. Postal Service POSTAL DRIVER ACCIDENT INFORMATION	
<p>The United States Postal Service desires to fulfill its responsibility toward persons in accidents involving vehicles operated by postal personnel.</p> <p>To prevent misinformation, postal personnel are instructed not to volunteer information not required by law.</p> <p>The following information is required and is furnished you by the postal driver.</p>	
1. Accident Location	2. Date and Time
3. Driver's Name	4. State Driver's License No.
5. Make, Type and Postal Vehicle No.	6. Post Office
<b>▼ For further information about this accident please contact: ▼</b>	
Name, Title and Address    Phone No.	

**PS Form 4585, June 1988    ★ U.S.G.P.O.: 1988 - 181-700/82556    (Mar. 1971 edition usable)**

Exhibit 173.13g  
**PS Form 4586, Accident Information (Front & Back)**

 <small>PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, \$300</small>		<b>U.S. Postal Service ACCIDENT INFORMATION</b>	
		<p>You can assist in the national endeavor to reduce accidents by providing information about this accident.</p> <p>Please complete this form and give it to the postal driver involved. If you are unable to return it to the driver, please drop it in a letter-box. No postage is required.</p> <p>Thank You, Postmaster</p>	
<small>UNITED STATES POSTAL SERVICE</small> <small>OFFICIAL BUSINESS</small>		<p>Did you see the accident?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Did you see either vehicle involved prior to the accident?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Who do you think was at fault?</p> <p><input type="checkbox"/> Postal <input type="checkbox"/> Other</p> <p>Was anyone hurt?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Your Telephone No.</p>	<p>Where were you at the time?</p> <p>What was the postal vehicle doing?</p> <p>What was the other vehicle doing?</p> <p>Your name and address (Include Apt./Suite No. and ZIP+4 Code)</p> <p>Comments</p>
<b>PS Form 4586, Nov. 1987</b> © U.S. GPO: 1990-262-474/0513			

Exhibit 173.13h (p. 1)

**Form SF 91, Operator's Report of Motor Vehicle Accident**

<b>14. OPERATOR'S STATEMENT OF ACCIDENT AND USE OF SAFETY EQUIPMENT</b>  Tell in your own way how the accident happened:		DEPARTMENT OR AGENCY	
<p>This form is to be completed by the Government operator at the time and the scene of the accident if possible. See the Privacy Act Statement on page 4.</p> <p><i>Print clearly</i></p>			
<b>OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT</b> <small>This form is to be completed by the Government operator at the time and the scene of the accident if possible. See the Privacy Act Statement on page 4.</small>		<b>NAME AND LOCATION OF ORGANIZATION TO WHICH YOU ARE ASSIGNED</b> <small>PLACE OF ACCIDENT (If in city, give name, street, city and State, if outside city limits, indicate mileage to nearest city, or other landmark.)</small>	
<b>1. OPERATOR</b> <small>Rank, Rating or Title</small>		LAST NAME — FIRST NAME — MIDDLE INITIAL — AGE <small>Govt. Motor Vehicle Operator Permit No.</small>	
<b>2. ACCIDENT TIME</b> <small>Accident occurred</small>		DATE / / DAY OF WEEK TIME NUMBER OF HOURS ON DUTY PRIOR TO ACCIDENT <small>a.m. p.m.</small>	
<b>3. FEDERAL VEHICLE</b> <small>Particulars previously unused</small>		PARTS OF VEHICLE DAMAGED (Describe) <small>If this was a backing accident, <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," was a guide available? <input type="checkbox"/> YES <input type="checkbox"/> NO</small>	
<b>4. OTHER VEHICLE INVOLVED</b> <small>In blank area, describe in item 12, page 3, more than one, if applicable</small>		MAKE TYPE REGISTRATION NUMBER OR OTHER IDENTIFICATION <small>Operator's estimated amount of damage</small>	
<b>5. OTHER PROPERTY DAMAGED</b> <small>Explain. If more space is needed, continue in item 12, page 3.)</small>		MAKE TYPE YEAR <small>Operator's estimated amount of damage</small>	
<b>6. ACCIDENT LOCATION</b> <small>Address (Number, street, city, State, ZIP code)</small>		NAME <small>Home address (Number, street, city, State, ZIP code)</small>	
<b>7. DATA</b> <small>Print clearly</small>		NAME <small>Home address (Number, street, city, State, ZIP code)</small>	
<p><b>WAS VEHICLE EQUIPPED WITH SEAT BELTS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," were they in use at time of accident? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>● Have you answered ALL the questions as completely as possible?</p> <p>In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 431. Disclosure of the information by a Federal employee is mandatory as it is the first step in the Government's investigation of a motor vehicle accident. The principal purpose for which this information is intended to be used are to provide facts and statistics for the analysis of accident causes and developing methods of reducing accidents. Routine use of the information may be by Federal, State or local governments, or agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions. An employee of a Federal agency who fails to report accurately a motor vehicle accident involving a Federal vehicle or who refuses to cooperate in the investigation of an accident may be subject to administrative sanctions.</p>			
<p><b>OPERATOR SIGN HERE</b> DATE SIGNED</p> <p><b>STANDARD FORM 91 PAGE 4 (REV. 11-76)</b> Prescribed by GSA, FFMR 101-39-8</p> <p>91-108</p> <p>© U.S. Government Printing Office 1985-481-275/20095</p>			

Exhibit 173.13h (p. 2)

**Form SF 91, Operator's Report of Motor Vehicle Accident**

10. ACCIDENT CONDITIONS		11. EVENTS AFTER ACCIDENT			12. OTHER VEHICLE PROPERTY INVOLVED			13. DIAGRAM WHAT HAPPENED, DRAW IT		STANDARD FORM 91 PAGE 3 (REV. 11-76)			
6. PERSONS INJURED	7. OCCUPANTS IN YOUR VEHICLE	8. OCCUPANTS IN OTHER VEHICLE(S)	9. WITNESSES AND POLICE	HOME ADDRESSES		STATE WHO GAVE MEDICAL AID, IF ANY WAS GIVEN	WHERE WAS INJURED TAKEN	OPERATOR'S STATE PERMIT NUMBER	VEHICLE LICENSE NUMBER AND STATE	NAME OPERATED BY HOME ADDRESS (Number, street, city, State, ZIP code)	NAME OWNED BY ADDRESS (Number, street, city, State, ZIP code)	OPERATOR'S ESTIMATED AMOUNT OF DAMAGE \$	STANDARD FORM 91 PAGE 2 (REV. 11-76)
CONDITION OF OTHER DRIVER		If other driver or persons injured made statements as to cause of accident and extent of personal or property damage, relate conversation, also, give names and addresses of others hearing such statements.											
FEDERAL VEHICLE (Includes privately owned Federally operated)		INDICATE: DIRECTION OF TRAVEL		BADGE NUMBER		PRECINCT OR HEADQUARTERS	OTHER VEHICLE (2)	PARTS OF VEHICLE DAMAGED (Describe)		OTHER PROPERTY DAMAGED (Explain)			
SIDE OF STREET OR HIGHWAY	APPROXIMATE SPEED (Per hr or day, etc., etc.)	MILES PER HOUR	WEATHER (Clear, foggy, rain, snow, etc.)	TYPE OF ROADWAY (macadam, etc.)				1. Show reference by	2. Show reference by	3. Give arrows or numbers of routes, etc.	4. Indicate route by arrow		
OTHER INFORMATION (Explain stops signs, traffic signals, obstructions, etc.)											5. Use solid line to show path before accident	6. Indicate path by arrow	

**Exhibit 173.2a**  
**PS Form 1769, Accident Report**

Use Ball Point Pen to Complete. Press Hard. Using codes in the attached booklet.		U.S. POSTAL SERVICE <b>ACCIDENT REPORT</b>	
<p>Carefully read instructions in the attached booklet. Items marked with an asterisk (*) must be answered</p>		<p>Social Security No. (Employee Only)</p>	
<p>Name (Last, First, M.I.)</p>		<p>3. Region/Division BA Code</p>	
<p>1. Post Office, Station, Branch, Unit (City, State and Zip + 4)</p>		<p>4. Accident Number</p>	
<p>5. Kind of Accident</p>		<p>6. Fire Involved?</p>	
<p>1. Motor Vehicle 2. Natural Event 3. Industrial</p>		<p>1. No 2. Building &amp; Contents 3. Other</p>	
<p>7. Accident Resulted in:</p>		<p>8. Was On-Site Investigation Conducted by Immediate Supervisor?</p>	
<p>1. Personal Injury Only 2. Property Damage Only 3. Personal Injury &amp; Property Damage</p>		<p>1. Yes 2. No</p>	
<p>9. Owner/Holder of Damaged Property</p>		<p>10. Estimated Property Damage (Round to nearest dollar)</p>	
<p>a. Postal b. Non-Postal</p>		<p>11. Accident Date</p>	
<p>* _____</p>		<p>Mo. Day Yr.</p>	
<p>12. Hour Military</p>		<p>13. Day of Week</p>	
<p>14. Weather</p>		<p>15. General Description of Accident Happen?</p>	
<p>* _____</p>		<p>16. Building</p>	
<p>21. Surface</p>		<p>17. Work Location</p>	
<p>* _____</p>		<p>22. Surface Conditions</p>	
<p>28. Vehicle Type (Reserved)</p>		<p>23. Circumstances Leading to Injury or Damage</p>	
<p>* _____</p>		<p>24. Item Causing Injury or Damage</p>	
<p>27. Total No. of Vehicles Involved</p>		<p>25. Hazardous Situation Directly Related to Accident</p>	
<p>* _____</p>		<p>26. Defective or Hazardous Equipment or Materials Related to the Accident</p>	
<p>29. Vehicle Path</p>		<p>27. Where Did Accident Happen?</p>	
<p>* _____</p>		<p>18. Specific Description of Accident Area</p>	
<p>30. Vehicle Path</p>		<p>19. Route/Schedule Op. No.</p>	
<p>* _____</p>		<p>20. Light</p>	
<p>31. Were Seat Belts in Use?</p>		<p>21. Work Location</p>	
<p>32. Roll Over</p>		<p>22. Work Location</p>	
<p>* _____</p>		<p>23. Employee Ejected from Vehicle</p>	
<p>33. Employee Ejected from Vehicle</p>		<p>34. Area of Impact</p>	
<p>* _____</p>		<p>35. Employee Ejected from Vehicle</p>	
<p>36. Employee Ejected from Vehicle</p>		<p>37. Total No. of Person Reports</p>	
<p>* _____</p>		<p>38. If Vehicle Accident Person Described Here Was:</p>	
<p>39. If Vehicle Accident Person Described Here Was:</p>		<p>40. Name (Last Name &amp; Initial)</p>	
<p>* _____</p>		<p>41. Age</p>	
<p>42. Sex</p>		<p>43. Dots. &amp; Activ.</p>	
<p>44. Injury/Illness Severity</p>		<p>45. Nature of Most Severe Injury</p>	
<p>* _____</p>		<p>46. Part of Body Affected</p>	
<p>47. Unsafe Personal Practice Factors</p>		<p>48. Social Security No. (Employee Only)</p>	
<p>* _____</p>		<p>49. Social Security No. (Employee Only)</p>	
<p>50. Was Employee on Overtime Status?</p>		<p>51. Postal Service Experience</p>	
<p>1. Yes 2. No</p>		<p>52. Hours of Safety Training</p>	
<p>* _____</p>		<p>53. Five Year Postal Accident Record</p>	
<p>54. PW Location 55. LDC</p>		<p>No. Prior Industrial Accidents</p>	
<p>* _____</p>		<p>No. Prior Vehicle Accidents</p>	
<p>56. Supervisor's Signature</p>		<p>57. Next Higher Level Mgr. Signature</p>	
<p>Date</p>		<p>Date</p>	
<p>58. Supervisor's Printed Name</p>		<p>59. MSC Safety Officer 1 Signature</p>	
<p>* _____</p>		<p>Date</p>	
<p>Narrative (Complete Description of Accident (Describe accident, events leading to accident, causes of injury or damage, and specific location of accident)</p>			
<p>What? How? Why? Where? (Describe accident, events leading to accident, causes of injury or damage, and specific location of accident)</p>			
<p>General Information</p>			
<p>Accident Location and Conditions</p>			
<p>Motor Vehicle Accident Information (If no vehicle was involved in the accident, skip this section) (Items 34-36 are reserved)</p>			
<p>Hazardous Conditions, Equipment, Materials, Etc. (Specify equipment with manufacturer name, model no., serial no., and year made)</p>			
<p>Involved Person(s) Information</p>			
<p>Is a JSA on File? 1. Yes 2. No 61. Preventive Action _____ (Explain how the preventive action will eliminate or reduce cause(s) and prevent similar accidents)</p>			
<p>Accident Factor(s) &amp; Corrective Actions on Pages 1 &amp; 2 of Form Have Been Reviewed &amp; Are Concurred With.</p>			
<p>PS Form 1769, April 1989 (p. 1 of 2)</p>			
<p>PS Form 1769, April 1989 (p. 2 of 2)</p>			
<p>1 - Detach, Fold, and Send to MSC</p>			

Exhibit 173.2b (p. 1)

**Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation**

<b>Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation</b>		 <b>J.S. Department of Labor</b> Employment Standards Administration Office of Workers' Compensation Programs																			
<b>Employee: Please complete all boxes 1 - 15 below. Do not complete shaded areas.</b>																					
<b>Witness: Complete bottom section 16.</b>																					
<b>Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes, a, b, and c.</b>																					
<b>Employee Data</b>																					
1. Name of employee (Last, First, Middle)		2. Social Security Number																			
3. Date of birth Mo. Day Yr.	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Home telephone         (      )	6. Grade as of date of injury         Level         Step																		
7. Employee's home mailing address (Include city, state, and ZIP Code)		8. Dependents <input type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other																			
<b>Description of Injury</b>																					
9. Place where injury occurred (e.g., 2nd floor, Main Post Office Bldg., 12th & Pine)																					
10. Date injury occurred <table style="margin-left: auto; margin-right: auto;"> <tr> <td>Mo.</td> <td>Day</td> <td>Yr.</td> <td>:</td> <td>a.m.</td> <td>p.m.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Mo.	Day	Yr.	:	a.m.	p.m.							11. Date of this notice <table style="margin-left: auto; margin-right: auto;"> <tr> <td>Mo.</td> <td>Day</td> <td>Yr.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Mo.	Day	Yr.				12. Employee's occupation	
Mo.	Day	Yr.	:	a.m.	p.m.																
Mo.	Day	Yr.																			
13. Cause of injury (Describe what happened and why)				a. Occupation code																	
14. Nature of injury (Identify both the injury and the part of body, e.g., fracture of left leg)				b. Type code	c. Source code																
				OWCP Use - NOI Code																	
<b>Employee Signature</b>				_____																	
15. I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work:																					
<input type="checkbox"/> a. Continuation of regular pay (COP) not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584. <input type="checkbox"/> b. Sick and/or Annual Leave																					
<b>Signature of employee or person acting on his/her behalf</b> <hr/> Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.																					
<b>Have your supervisor complete the receipt attached to this form and return it to you for your records.</b>																					
<b>End of Employee Report</b>																					
<b>Witness</b>																					
16. Statement of witness (Describe what you saw, heard, or know about this injury)																					
Name of witness		Signature of witness		Date signed																	
Address		City		State         ZIP Code																	
Form CA-1 Rev. Nov. 1989																					

Exhibit 173.2b (p. 2)

**Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/ Compensation**

Official Supervisor's Report: Please complete information requested below:														
<b>Supervisor's Report</b>														
17. Agency name and address of reporting office (Include city, state, and ZIP Code)											OWCP Agency Code			
											OSHA Site Code			
											ZIP Code			
18. Employee's duty station (Street address and ZIP Code) ZIP Code														
19. Regular work hours From: : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. To: : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.						20. Regular work schedule <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thur. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat.								
21. Date of injury			Mo. Day Yr.			22. Date notice received			Mo. Day Yr.			23. Date stopped work		
												<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
Time: :														
24. Date pay stopped			Mo. Day Yr.			25. Date 45-day period began			Mo. Day Yr.			26. Date returned to work		
												<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
27. Was employee injured in performance of duty? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," explain)														
28. Was injury caused by employee's willful misconduct, intoxication, or intent to injure self or another? <input type="checkbox"/> Yes (If "Yes," explain) <input type="checkbox"/> No														
29. Was injury caused by third party?			30. Name and address of third party (Include city, state, and ZIP Code)											
<input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," go to item 31.)														
31. Name and address of physician first providing medical care (Include city, state, ZIP Code)														
32. First date medical care received Mo. Day Yr.														
33. Do medical reports show employee is disabled for work? <input type="checkbox"/> Yes <input type="checkbox"/> No														
34. Does your knowledge of the facts about this injury agree with statements of the employee and/or witness? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," explain)														
35. If the employing agency contests continuation of pay, state the reason in detail.														
36. Pay rate when employee stopped work \$ Per														
Signature of Supervisor and Filing Instructions														
37. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution.														
I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:														
Name of supervisor (Type or print)														
Signature of supervisor Date														
Supervisor's Title Office phone														
38. Filing instructions <input type="checkbox"/> No lost time and no medical expense: Place this form in employee's medical folder (SF-66-D) <input type="checkbox"/> No lost time, medical expense incurred or expected: forward this form to OWCP <input type="checkbox"/> Lost time covered by leave, LWOP, or COP: forward this form to OWCP <input type="checkbox"/> First Aid Injury														
Form CA-1 Rev. Nov. 1989														

Exhibit 173.2b (p. 3)

**Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation**

**Instructions for Completing Form CA-1**

Complete all items on your section of the form. If additional space is required to explain or clarify any point, attach a supplemental statement to the form. Some of the items on the form which may require further clarification are explained below.

**Employee (Or person acting on the employee's behalf)**

**13) Cause of Injury**

Describe in detail how and why the injury occurred. Give appropriate details (e.g., if you fell, how far did you fall and in what position did you land?)

**14) Nature of Injury**

Give a complete description of the condition(s) resulting from your injury. Specify the right or left side if applicable (e.g., fractured left leg; cut on right index finger).

**15) Election of COP/Leave**

If you are disabled for work as a result of this injury and file CA-1 within thirty days of the injury, you are entitled to receive continuation of pay (COP) from your employing agency. COP is

paid for up to 45 calendar days of disability, and is not charged against sick or annual leave. You may elect sick or annual leave if you wish, but compensation from OWCP may not be claimed during the 45 days of COP entitlement. (You may not claim compensation to repurchase leave used during this period.) Also, if you change your election within one year, the agency is obliged to convert past periods of leave to COP, which qualify.

Your agency may controvert (dispute) your entitlement to COP, but must continue pay unless the controversy is based on one of the nine reasons listed in the instructions for item 35.

If you receive COP, but OWCP later determines that you are not entitled to COP, you may either change COP to sick or annual leave or pay the employing agency back for the COP received.

**Supervisor**

At the time the form is received, complete the receipt of notice of injury and give it to the employee. In addition to completing items 17 through 38, the supervisor is responsible for obtaining the witness statement in item 16 and for filling in the proper codes in shaded boxes a, b, and c on the front of the form. If medical expense or lost time is incurred or expected, the completed form should be sent to OWCP within 10 working days after it is received.

The supervisor should also submit any other information or evidence pertinent to the merits of this claim.

If the employing agency controverts COP, the employee should be notified and the reason for controversion explained to him or her.

**17) Agency name and address of reporting office**

The name and address of the office to which correspondence from OWCP should be sent (if applicable, the address of the personnel or compensation office).

**18) Duty station street address and ZIP Code**

The address and ZIP Code of the establishment where the employee actually works.

**29) Was injury caused by third party?**

A third party is an individual or organization (other than the injured employee or the Federal government) who is liable for the injury. For instance, the driver of a vehicle causing an accident in which an employee is injured, the owner of a building where unsafe conditions cause an employee to fall, and a manufacturer whose defective product causes an employee's injury, could all be considered third parties to the injury.

**31) Name and address of physician first providing medical care**

The name and address of the physician who first provided medical care for this injury. If initial care was given by a nurse or other health professional (not a physician) in the employing agency's health unit or clinic, indicate this on a separate sheet of paper.

**32) First date medical care received**

The date of the first visit to the physician listed in item 31.

**35) Does the employing agency controvert continuation of pay?**

COP may be controverted (disputed) for any reason; however, the employing agency may refuse to pay COP only if the controversy is based upon one of the nine reasons given below:

- a) The disability results from an occupational disease or illness;
- b) The employee is a volunteer working without pay or for nominal pay, or a member of the office staff of a former President;
- c) The employee is neither a citizen or a resident of the United States or Canada;
- d) The injury occurred off the employing agency's premises and the employee was not involved in official "off premise" duties;
- e) The injury was proximately caused by the employee's willful misconduct, intent to bring about injury or death to self or another person, or intoxication;
- f) The injury was not reported on Form CA-1 within 30 days following the injury;
- g) Work stoppage first occurred 90 days or more following the injury;
- h) The employee initially reported the injury after his or her employment was terminated; or
- i) The employee is enrolled in the Civil Air Patrol, Peace Corps, Youth Conservation Corps, Work Study Programs, or other similar groups.

**Employing Agency - Required Codes**

Box a (Occupation Code), Box b (Type Code),  
Box c (Source Code), OSHA Site Code

The Occupational Safety and Health Administration (OSHA) requires all employing agencies to complete these items when reporting an injury. The proper codes may be found in OSHA Booklet 2014, "Recordkeeping and Reporting Guidelines."

**OWCP Agency Code**

This is a four-digit (or four digit plus two letter) code used by OWCP to identify the employing agency. The proper code may be obtained from your personnel or compensation office, or by contacting OWCP.

Exhibit 173.2b (p. 4)

**Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation**

**Disability Benefits for Employees under the Federal Employees' Compensation Act (FECA)**

The FECA, which is administered by the Office of Workers' Compensation Programs (OWCP), provides the following benefits for job-related traumatic injuries:

- (1) Continuation of pay for disability resulting from traumatic, job-related injury, not to exceed 45 calendar days. (To be eligible for continuation of pay, the employee, or someone acting on his/her behalf, must file Form CA-1 within 30 days following the injury; however, to avoid possible interruption of pay, the form should be filed within 2 working days. If the form is not filed within 30 days, compensation may be substituted for continuation of pay.)
- (2) Payment of compensation for wage loss after the 45 days, if disability extends beyond such period.
- (3) Payment of compensation for permanent impairment of certain organs, members, or functions of the body (such as loss or loss of use of an arm or kidney, loss of vision, etc.), or for serious disfigurement of the head, face, or neck.
- (4) Vocational rehabilitation and related services where necessary.
- (5) Full medical care from either Federal medical officers and hospitals, or private hospitals or physicians, of the employee's choice. Generally, 25 miles from the place of injury, place of employment, or employee's home is a reasonable distance to travel for medical care; however, other pertinent facts must also be considered in making selection of physicians or medical facilities.

At the time an employee stops work following a traumatic, job-related injury, he or she may request continuation of pay or use sick or annual leave credited to his or her record. Where the employing agency continues the employee's pay, the pay must not be interrupted until:

- (1) The employing agency receives medical information from the attending physician to the effect that disability has terminated;
- (2) The OWCP advises that pay should be terminated; or
- (3) The expiration of 45 calendar days following initial work stoppage.

If disability exceeds, or it is anticipated that it will exceed, 45 days, and the employee wishes to claim compensation, Form CA-7, with supporting medical evidence, must be filed with OWCP. To avoid interruption of income, the form should be filed on the 40th day of the COP period. Form CA-3 shall be submitted to OWCP when the employee returns to work, disability ceases, or the 45-day period expires.

For additional information, review the regulations governing the administration of the FECA (Code of Federal Regulations, Title 20, Chapter 1) or Chapter 810 of the Office of Personnel Management's Federal Personnel Manual.

**Privacy Act**

In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a) and the Computer Matching and Privacy Protection Act of 1988 (Public Law No. 100-503), you are hereby notified that: (1) the Federal Employees' Compensation Act, as amended (5 U.S.C. 8101, et seq.) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor. In accordance with this responsibility, the Office receives and maintains personal information on claimants and their immediate families. (2) The information will be used to determine eligibility for and the amount of benefits payable under the Act. (3) The information collected by this form and other information collected in relation to your compensation claim may be verified through computer matches. (4) The information may be given to Federal, State, and local agencies for law enforcement and for other lawful purposes in accordance with routine uses published by the Department of Labor in the Federal Register. (5) Failure to furnish all requested information may delay the process, or result in an unfavorable decision or a reduced level of benefits. (Disclosure of a social security number (SSN) is voluntary; the failure to disclose such number will not result in the denial of any right, benefit or privilege to which an individual may be entitled. Your SSN may be used to request information about you from employers and others who know you, but only as allowed by law or Presidential directive. The information collected by using your SSN may be used for studies, statistics, and computer matching to benefit and payment files.)

**Receipt of Notice of Injury**

This acknowledges receipt of Notice of Injury sustained by  
(Name of injured employee)

Which occurred on (Mo., Day, Yr.)

At (Location)

Signature of Official Superior

Title

Date (Mo., Day, Yr.)

\*U.S.GPO:1990-262-474/15797

For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402

Form CA-1  
Rev. Nov. 1989

# 2 Office Work of Rural Carriers

## 21 Reporting for Duty

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### 211 Recording Arrival

Report to the office as scheduled. Immediately upon reporting, record actual *reporting time*, in ink, in column 2 of PS Form 4240, *Rural Carrier Trip Report*, and begin work (see [Exhibit 211](#)).

### 212 Obtaining and Preparing Mail for Casing

#### 212.1 Withdrawal By Carrier

##### 212.11 Routine

As directed by your postmaster or supervisor, withdraw, measure, and record (if applicable) from the distribution cases all mail for your route that has not already been placed on your case ledge by a clerk or mailhandler. Normally, no more than two additional withdrawals should be made in the morning.

##### 212.12 Changes

Changes in withdrawal procedures may be made only in accordance with 350 of Handbook M-38, *Management of Rural Delivery Services*.

##### 212.13 Procedures for Withdrawal

- a. **Letter Mail.** Place letter mail on your case ledge, either in trays or stacked loose, no more than one row high. The mail must face right with stamps down whether you place it loose on the case ledge or work it directly from a tray.
- b. **Flat Mail.** Place flat mail on, under, or near your case in neatly stacked piles. If received in sacks, remove flats promptly and stack them neatly on the floor or in hampers, when provided. After removing contents, examine sacks to ensure that they are empty. Remove sack labels and deposit empty sacks in the designated place.
- c. **Final Withdrawal.** Before leaving for your route, make a final withdrawal of preferential letters and flats from a designated case. Normally, this mail is withdrawn on the line of travel out the door to load.

**212.2 Withdrawal By Other Than Carrier****212.21 Routine**

If employees other than rural carriers withdraw mail intended to be cased, they must place it on your case ledge as described in [212.13](#).

**212.22 Final Withdrawal**

Although you are exempt from general mail withdrawal requirements, you *must* make a final withdrawal of preferential letters and flats from a designated case immediately before leaving for your route. Normally, this mail is withdrawn on the line of travel out the door to load.

**213 Carrier Cases****213.1 Type**

Management determines the type of carrier case equipment used on each route. Your manager or supervisor will provide you with adequate casing equipment.

**213.2 Description****213.21 Separations and Wing Cases**

Carrier case, Item 124-D, has 240 (1" wide) separations. The dividers are removable, and wider separations can be made to accommodate addresses receiving large volumes of mail and to provide added space for casing flat mail, magazines, and newspapers (see [Exhibit 213.21](#)). Wing cases for Item 124-D are identified as follows:

- a. 143-D, Swinging Wing Case - 120 separations.
- b. 144-D, Wing Case with Table - 240 separations.

**213.22 Case Dividers**

Case dividers 124-R57 (5" high) and 124-CI17 (4" high) are available for use with Item 124-D and wings.

**213.23 Variations**

In addition to the above (currently the primary equipment used for newly established rural routes), other equipment previously authorized, but no longer manufactured, for rural routes is listed below. As this equipment becomes unserviceable, a regular route becomes vacant, or a new route is established, Item 124-D, or a combination of Item 124-D and other equipment, will be established, as necessary.

- a. Item 125, Carrier Case - 100 (2 1/4" wide) separations.
- b. Item 126, Carrier Case - 208 (2 1/2" wide) separations.
- c. Item 140, Wing Case - 63 (2 1/8" wide) separations.
- d. Item 145, One-Bundle Sliding Shelf Case (with or without table) - 160 (1") separations.
- e. Item 146, One-Bundle Sliding Shelf Case 230 (1") separations.
- f. Various distribution equipment.

### 213.3 **Labeling Carrier Cases**

#### 213.31 **Procedures**

See [Exhibit 213.31](#). Label the cases on rural routes according to the following:

- a. Label all cases from left to right.
- b. Arrange labels in the exact order that you serve the route. To the extent practicable, keep segments on the same row. **Exception:** See [225.5](#) for carrier segmented mail.
- c. When letter separations are continued on to a wing case, place them immediately adjacent to the letter case. Begin with the highest or lowest shelf, depending on the bundling system used, and extend into the wing case, as needed. Do this with the remaining shelves and attempt to keep the letter separations (on the shelves of the wing) equal in length. Exception: As an alternative to continuing into a wing case, labeling may be restricted to each piece of equipment. Begin with the highest or lowest shelf, depending on the bundling system used, and continue on each shelf in the single piece of equipment. This type of labeling requires that all casing equipment for the route is identical.
- d. As directed by your postmaster or supervisor, reserve 15 separations on a designated shelf for *Undeliverable-as-Addressed* mail. Label the first separation *COA/Entry Mail*. Use this separation for all PS Forms 3575, *Change of Address Order*, and PS Forms 3546, *Forwarding Order Change Notice*, and associated mail. Use the next 10 separations for an alphabetical or machinable/nonmachinable breakdown. Label the remaining four separations as follows:
  - (1) Carrier endorsed mail (this includes attempted-not-known, and no such number mail).
  - (2) Insufficient address.
  - (3) Not deliverable as addressed, unable to forward.
  - (4) Undeliverable bulk business mail.
- e. On routes using route and box numbers, show the name of the customer and the number of the box on the labels.
- f. On routes where house numbers and street names have been authorized, only that information is required. While customer names may be added at your discretion, this practice is discouraged because by doing so, it may be more difficult to read and maintain the labels.

#### 213.32 **One-Bundle Labeling System**

See [223.2](#). In addition to the requirements in [213.31](#), carrier cases using the one-bundle, or modified one-bundle, system must be configured in one of two ways. Determine which of the following labeling methods to choose based on the type of equipment used:

- a. Begin at the left corner of the lowest shelf and end at the right corner on the top shelf. Place any unused space at the end of the route in the upper right corner. Place the labels below the separations on the carrier case.

- b. Begin at the upper left corner of the top shelf and end at the lower right corner on the bottom shelf. Place any unused space at the end of the route in the lower right corner. Place the labels above the separations on the carrier case.

213.33 **Two-Bundle Labeling System**

See [223.4](#). In addition to the requirements in [213.31](#), all carrier cases used for the two-bundle system must:

- a. Begin at the left corner of the lowest shelf and end at the right corner of the top shelf.
- b. Place any unused space at the end of the route in the upper right corner.
- c. Place the labels below the separations on the carrier case.

## 22 Casing Mail

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### 221 Study Plans for Learning the Case

#### 221.1 Routes Using Box Numbers

##### 221.11 Plan 1

- a. Each row has a break on the number of boxes served. For example, Row #1 begins with Box #1 and could continue through Box #26. Row #2 would then start with Box #27, etc. For a few minutes, study the box number breaks by rows.
- b. After studying these breaks for a few minutes, case all mail that includes the box number as part of the address. Hold out all mail that does not show the box number and that you cannot case without searching through the entire case.
- c. Sort the mail held out alphabetically by the last name of the addressee.
- d. Obtain the box numbers from the roster of customers and sort the mail for each row into separate piles. After separating by row, proceed to case the mail for each row.
- e. As you follow this method, you will begin to associate the name of the addressee with the proper separation on the case.

##### 221.12 Plan 2

- a. Use a 3" x 5" card for each family on the route. The face of the card should show only the name of the family. The reverse should show the box number and location of the separation on the case.
- b. Mix the cards so that they are not in delivery sequence. Pick up the cards so that the face of the top card is visible. Sort each card into the proper separation on the case. If you do not know the location of the separation, flip the card over; the location is part of the information on the back. Repeat this procedure until you are able to case each card without referring to the reverse.

**221.2 Routes Using Street Names and Numbers****221.21 Study**

For a few minutes, study the streets and numbers in the order that the route is served. Memorize the first two rows.

**221.22 Sort/Separate for Initial Rows**

After a few minutes of study and with the delivery pattern fixed in mind, sort the mail intended to be cased for the rows you have learned. Separate the remaining mail intended to be cased on the case ledge. Place the mail for each street in a separate pile.

**221.23 Sort for Remaining Rows**

After all mail intended to be cased has either been distributed in the case or sorted on the ledge, sort the mail for the next street appearing on the labels of the next row. Repeat this procedure street by street and row by row until all mail is cased.

**221.24 Continue Process**

Continue the memorizing and learning process until you have learned the entire case.

**222 Coordinating Eye and Hand Movements at the Case**

To accomplish this, proceed as follows:

- a. To case letter mail, stand a few inches back from the center of the case where you can read the labels easily and you can reach letter separations without moving your feet.
- b. With your left hand, pick up a solid handful of mail from the right side of the case ledge. Since the stamps are down and facing the right, the mail will be in the proper reading position when picked up. *Note:* Mail in the left hand should be held high and close enough to the body and eyes to minimize head and eye movements. The left hand should slightly follow the movement of the right hand during the casing process.
- c. Push the top letter slightly forward with the left thumb so that the right thumb and index finger can grasp the outer edge of the letter. The left thumb serves as a feeder.
- d. Read the address only. Develop sight recognition of addresses as whole units: THIS: RR#1, Box 125 or 10397 Elm Street. NOT: RR#1, Box 1-2-5 or 1-0-3-9-7 Elm Street.
- e. Place the letter in the proper separation.
- f. As you push one letter fully into the separation, push the next letter forward with the left thumb and read the address. Your right hand should then return to pick up this letter to place it in the proper separation.
- g. As you continue to use this procedure in casing each letter, your coordination will improve until the process becomes automatic.

- h. Hold to one side letters for other routes and streets not appearing on the case. Hand off to other carriers, or place this mail in the proper separation of the throwback case, as appropriate.

## 223 **Casing Methods**

### 223.1 **General**

The casing systems used in rural delivery service are divided into three categories: the one-bundle system, the modified one-bundle system, and the two-bundle system. In all three casing systems, you may case delivery point sequenced mail, at your option, in accordance with [15, Schedules](#).

### 223.2 **One-Bundle System**

#### 223.21 **Description**

When the one-bundle system is used, case both letter and flat mail into the letter case separations. Using this system, after considering the volume and mix of mail on the route, the manager determines the width of separations and number of addresses per separation. **Note:** Unless otherwise approved by your postmaster or supervisor, or as dictated by the type of distribution equipment used, no separation must be less than 2 inches wide.

Management must consider volume and characteristics of the individual deliveries when determining width.

#### 223.22 **Letters**

Case letters into the case that normally is arranged with one or two addresses per 2-inch separation.

#### 223.23 **Flats and Odd-Size Pieces**

Case flat mail and odd-size pieces that fit in the same separation as letter mail. Generally, case these items after letter-size mail. If management approves, such items may be cased before letter-size mail if this does not delay the redistribution of missorted preferential mail or hinder the efficient casing of letter mail. Place parcels or odd-size pieces that do not fit in the separations on the case ledge and sort into sequence of delivery. A letter may be reversed in the proper separation, or some other method may be used, to alert you that there is a parcel or odd-size article that cannot be cased for that address.

### 223.3 **Modified One-Bundle System**

In some areas, if management approves, flats or letters may be sorted and strapped out separately using only one case. This system is authorized only if it does not delay the redistribution and delivery of missorted preferential mail.

### 223.4 **Two-Bundle System**

#### 223.41 **Description**

Under the two-bundle system, case letter mail first. When the available letter mail has been cased, concentrate on the flat mail. Case flats into an Item 143-D or 144-D flat case to horizontal separations that conform to the break

points on the letter case. Sort *caseable* odd-size pieces with flats. Handle odd-shaped articles that cannot be cased as separate pieces for delivery. After flats are sorted, withdraw them from the horizontal separations and sequence them for delivery. Handle separately individually addressed merchandise samples, which are difficult to handle when mixed with flats. Except for average-size letters, case any odd pieces of mail with flat mail. Do not double handle this mail by holding it out and casing it later.

#### 223.42 Letters

- a. Sequence letters into the case that is normally arranged with two addresses per 1-inch separation.
- b. Read only the essential lines necessary to sort to the proper case separation. If a delivery point receives a volume of mail that makes sorting into the normal separation difficult, your postmaster or supervisor may authorize the removal of a vertical separator to provide a sufficiently wide separation.
- c. Your postmaster or supervisor may authorize you to sort both letters and flats to a case separation up to 10 inches wide, but this procedure should be used only in unusual situations (e.g., a delivery receiving a large volume of flats and letters). If this wide separation is justified, hand-tie or strap together the letters and flats from this separation into a separate bundle.

#### 223.43 Flats and Odd-Size Pieces

- a. **Stance.** When casing flats and odd-size pieces, stand directly in front of the flat separations. Hold approximately 50 pieces (6 inches) in your left arm while distributing with the right. Do not work from a bundle of flats resting on the case ledge.
- b. **Reading.** As with letter mail, read only the essential lines in the box number and address line.
- c. **Sequencing.** If they fit, sort odd-size pieces into the flat separations. If not, handle them as separate pieces. When all flats and odd-size pieces are cased, pull one separation; place it on the case ledge; arrange the mail in sequence of delivery; and tray or strap it out. Repeat this procedure until all separations have been sequenced.
- d. **Fan Method.** When a separation is pulled, place the flats to one side on the case ledge. Take the top flat and, placing it in the middle of the case ledge, sequence all remaining flats to both sides of the first flat in the shape of a fan. If the fan shape is not comfortable, sequence to both sides of the first flat in a straight line. When this method is used, after sequencing, push the bottom flat (on the right) to the left until all of the flats on the case ledge are stacked and ready for strapping. Fit *caseable* odd-size pieces into the bundle after sequencing has been completed and the fan has been assembled into a stack. Do not return the sequenced flats to the case separations. Instead, as each fan is completed, place it into a tray, or strap it out, then put it into a container or satchel for loading into the vehicle.

## 224 **Expedited Preferential Mail (EPM) System**

### 224.1 **A.M. Casing**

In offices under the EPM System, you normally sort only preferential and time value mail in the morning before leaving to serve the route.

### 224.2 **P.M. Casing**

You normally complete casing of bulk business mail and other available mail in the afternoon when you return to the delivery unit. However, on light mail volume days, it is permissible to case some bulk business mail in the morning, provided you maintain your scheduled leaving time.

## 225 **Preparing for Delivery**

### 225.1 **General**

After all mail has been placed in delivery sequence, it must be prepared in a manner that simplifies handling it on the route. The guidelines in the following sections explain in detail the preparation required.

### 225.2 **One-Bundle System**

After all available mail has been cased, strap or tray the mail, as directed by your postmaster or supervisor. Handle merchandise samples as separate bundles or pieces, as appropriate.

### 225.3 **Modified One-Bundle and Two-Bundle System**

#### 225.31 **Letters**

After all available letter mail is cased, pull mail from the case in sequence of delivery. Place the mail in trays, or strap it out, as directed by your postmaster or supervisor.

#### 225.32 **Flats and Odd-Size Pieces**

Place flat mail in trays or strap it out immediately after casing (modified one-bundle system) or sequencing (two-bundle system). Handle merchandise samples as separate bundles or pieces, as appropriate.

### 225.4 **Segmentation Prepared by Mail Processing**

#### 225.41 **Segmented Bundles Made by Mail Processing**

Do not open and rehandle as separate pieces segmented bundles made by mail processing designated for a single delivery. Open and distribute into appropriate case separations bundles of segmented mail prepared by mail processing designated for multiple delivery boxes.

#### 225.42 **Postmaster/Supervisor Determination**

Your postmaster or supervisor advises you what mail is to be segmented by mail processing.

#### 225.43 **Segmented Mail for One Customer**

When segmented mail is all for one customer, deliver bundles, sacks, or containers intact to the addressee.

**225.44 Segments for More Than One Box**

When segments prepared by mail processing are for more than one box, open bundles (sacks, containers, etc.) and distribute into appropriate case separations.

**225.5 Segmentation Prepared by Carriers****225.51 Letters**

When a customer receives a large volume of letters and a minimal amount of flats, the postmaster or supervisor may require, or you may request (space permitting), a separation of sufficient size to accommodate the letter mail on the carrier case. If approved, locate this separation in the lower, easy-to-reach portion of the case, not necessarily in the sequence of delivery. The label for the separation must clearly indicate the address of the segment.

**225.52 Flats**

If a customer receives more flats than letters, locate a separation of sufficient size to accommodate both letter and flat mail on the case. Case both letter and flat mail for the segment to this separation.

**225.53 Restrictions**

Do not distribute individual letters or flats directly to sacks or other containers.

**225.54 Tying Out Carrier Segmented Mail**

Tie out segments that you prepare as a combined bundle of letters and flats and, when addressed to an individual customer, deliver them as a single piece.

**225.6 Simplified Address Mail (Boxholders)****225.61 Distribution Without Individual Names and Addresses**

Normally, you deliver one piece for each box (or one for each family). At your option, you may handle this type of mail as a separate bundle or case it with other mail.

**225.62 Distribution With Individual Names and Addresses**

- a. ***Distribution to Occupant (Individual Addresses).*** This type of mail may or may not be placed in sequence of delivery by the mailer. Normally, mail prepared in this manner should be received only on rural routes with assigned street addresses instead of rural route and box numbers. Handle this mail according to [225.61](#).
- b. ***Distribution to Specific Name/Current Resident; or Specific Name/Current Occupant Followed by a Complete Address.*** Handle according to procedures outlined in [225.61](#).
- c. ***Distribution by Using Detached Address Labels.*** Case detached labels for sample merchandise, magazines, combined or shared mail, and catalogs in the letter case. When individually addressed, handle detached label cards without individual addresses (simplified address) and the associated piece according to [225.61](#).

**226 Delivery Point Sequence (DPS) Mail**

When mail is provided to you in delivery point sequence order, casing with other letter and/or flat mail is not required. Separator cards are provided in your DPS mail to give you visual assurance that there are no obvious sweeping errors. You and your manager will determine the number of cards and intervals where they should be placed. DPS mail is taken directly to the street and handled as a separate bundle. At your option, you may choose to case DPS mail in accordance with [15, Schedules](#).

## 23 Roster of Customers and Route Book

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**231 Roster of Customers on Route****231.1 Purpose**

Maintain a roster of customers with assigned route and box numbers to assist leave replacements unfamiliar with the route and to make proper delivery of indefinitely addressed mail. It is not necessary to include on the roster those customers authorized to use house numbers and street names as their address.

**231.2 Preparation****231.21 Method**

Maintain a roster of customers with box numbers using one of the following methods:

**a. Card Index File Method (Option #1)**

- (1) Obtain the names of each customer on the route by leaving PS Form 4232, *Rural Customer Delivery Instructions*, in each box (see [Exhibit 231.21](#)).
- (2) When the completed form is returned, file it alphabetically in the proper section of an index file box, such as Item 0-394C.

**b. Loose Leaf Binder Method (Option #2)**

- (1) Obtain the names of each customer on the route by leaving PS Form 4232 in each box (see [Exhibit 231.21](#)).
- (2) When the completed form is returned, enter the names in alphabetical order by family, with the address opposite each name, on PS Form 1564, *Address Change Sheet*. Keep PS Form 1564 in a looseleaf binder, such as Item 0-391M.

**231.22 Privacy Act Provisions**

Because of Privacy Act provisions, completion of PS Form 4232 is voluntary on the part of the customer. If a customer fails or refuses to complete the form, enter the last name and address of the persons receiving mail. Endorse the card to indicate that the form was not completed by the customer.

**232 Route Book****232.1 Contents**

The official route book for each rural route consists of:

- a. Item 0-391M (or similar) binder.
- b. PS Form 1564, *Address Change Sheet*, when required for the roster of customers. (When the card index system is not used, see [231](#).)
- c. Item 0-89B, *Alphabetical Index Sheets* (as appropriate).
- d. PS Form 1564-B, *Special Orders*.
- e. Handbook PO-603, *Rural Carrier Duties and Responsibilities*.
- f. PS Form 4003, *Official Rural Route Description*, containing the current line of travel.
- g. PS Form 4240, *Rural Carrier Trip Report*.
- h. PS Form 4241-A, *Rural Route Evaluation*.
- i. Route map.

**232.2 Filing****232.21 Order of Forms**

Place PS Form 4240 in the front of the book followed by:

- a. PS Form 4241-A.
- b. PS Form 4003.
- c. Route Map.
- d. PS Form 1564-B.
- e. PS Form 1564 for a roster of customers.
- f. Handbook PO-603.

**232.22 PS Forms 1564**

If a large number of PS Forms 1564 are required for the roster of customers, these forms may be maintained in a separate Item 0-391M binder.

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**24 Undeliverable-as-Addressed Mail Information****241 Recording Address Change Information****241.1 PS Form 3575****241.11 Purpose**

Customers complete PS Form 3575 (see [Exhibit 241.11](#)) to notify the Postal Service of a temporary or permanent change of address (COA). However, if a customer moves but fails to submit a change of address order within 10 days, carriers are responsible for completing PS Form 3575.

**241.12 Preparation**

- a. When you receive PS Form 3575, check it for completeness and accuracy and enter the data on PS Form 3982, *Change of Address* (see [Exhibit 241.12a](#)).
- b. Endorse PS Form 3575 with initials, route number, and date.
- c. Process PS Form 3575 and mail for this customer in accordance with local policy.
- d. If you maintain a roster and PS Form 3575 is for a customer on that roster, remove PS Form 4232 and deposit it in the designated location.
- e. For customers submitting a forwarding order for special handling of their mail, record the data on PS Form 1564-B (see [241.4](#)).

**241.2 PS Form 3546****241.21 Purpose**

PS Form 3546 (see [Exhibit 241.21](#)) is used to notify another postmaster or carrier that a customer has again changed address. This form is valid for 18 months from the date the original PS Form 3575 was submitted.

**241.22 Preparation**

- a. When you receive PS Form 3546, enter the appropriate data on PS Form 3982, *Changes of Address*. Process PS Forms 3546 in the same manner as PS Form 3575 (see [241.11](#)).
  - (1) **Preparation at Office of Original Address.** Enter on PS Form 3982 the date PS Form 3546 was recorded. Process mail as instructed on PS Form 3546.
  - (2) **Preparation at Office of Second Address.**
    - (a) When there is a change in a customer's forwarding order (refuses to pay postage, or moves to another address), complete PS Form 3546 immediately and send it to the customer's original address.
    - (b) When a customer moved and left no address, in addition to following the instructions in [241.11](#), wait 10 days before sending PS Form 3546. If you receive a subsequent change of address order from the customer, send an amended PS Form 3546 to the original office.

**241.3 PS Form 3982****241.31 Purpose**

Leave replacements and carriers unfamiliar with the route can use PS Forms 3982 (see [Exhibit 241.12a](#)) as a quick reference for withdrawing customer removals from the case for forwarding or return. Line out the entries so they are *legible* at the end of the sixth full month after the effective date of the change. For temporary changes, entries are completely lined out when the customer returns or at the end of 1 year. PS Forms 3982 may also be used to record special instructions (i.e., building vacant, temporary absence-hold, etc.). For offices with a large number of temporary hold orders, see [241.32c](#)

**241.32 Preparation**

- a. Enter on PS Form 3982 all related items from PS Form 3575 for customers who have moved (see [Exhibit 241.11](#)).
- b. Enter a temporary change of address in the same way, but add the inclusive dates. *Hold Mail* retained at your case must be verified to ensure no mail is kept beyond the retention period designated by the mailer. When the designated retention period has expired, endorse such mail *Temporarily Away* and process in accordance with the Central Markup System/Computerized Forwarding System (CMU/CFS) procedures.
- c. Use only one PS Form 3982 for each row of letter separations, unless a large number of removals warrant additional cards, such as military, rooming house, or apartment house areas.

**241.33 Procedures**

- a. Immediately after casing all mail intended to be cased, start with the first row of the case and withdraw from the separation all letters that have the same address as the first entry not lined out on PS Form 3982. Withdraw all undeliverable mail and place it in the appropriate CMU/CFS separation. Return deliverable mail to the separation. Repeat the same procedure for each uncanceled entry on all PS Form 3982.
- b. When all spaces on PS Form 3982 have been used and lined out, turn the form in to your postmaster or supervisor.

**241.4 PS Form 1564-B****241.41 Purpose**

PS Form 1564-B is used to record customers' special requests for handling their mail. It is not to be used for permanent orders to a Post Office box.

**241.42 Preparation**

- a. Enter on PS Form 1564-B (see [Exhibit 241.12e](#)) written orders received from customers, as follows:
  - (1) Enter the name and address in the columns provided.
  - (2) Enter the special instructions in the last column.
- b. You may maintain a separate PS Form 1564-B on routes with a large number of *Temporarily Away-Hold Mail* requests. This prevents accumulation of an excessive number of PS Forms 3982 for the route. Enter temporary hold orders on this separate form as described in 241.421 instead of recording them on PS Form 3982.
- c. Permanent special orders are active/valid until canceled. Permanent special orders are not to be used in lieu of forwarding orders. They should be limited to unique delivery instructions, such as nondelivery to businesses closed on Saturday or special hardship delivery procedures.

**241.43 Procedures**

- a. Review PS Forms 1564-B for names and addresses of callers or customers for whom there are special instructions. Follow local instructions to identify address separations with special instructions entered on PS Form 1564-B.
- b. Withdraw mail for each caller or other customer listed in the same manner described for PS Form 3982 (see [241.12a](#)).

**242 Procedures for Processing Undeliverable-as-Addressed Mail****242.1 Forwardable Mail****242.11 Casing**

During the normal casing operation, case mail with active forwarding orders on file to the appropriate separations in accordance with local policy. Be sure that deliverable mail is not placed in these separations. Only forwardable mail requiring additional handling (First-, second-, fourth-, and endorsed third-class mail) is placed in these separations. Do not include mail to be handled as listed in [242.21](#).

**242.12 Preparation**

Bundle or tray forwardable mail and attach any necessary facing slips in accordance with local policy.

**242.13 Disposition**

Transport and deposit COA, entry mail, and forwardable mail in the location designated by your postmaster or supervisor. The deposit point must be a location other than the carrier case ledge.

**242.2 Undeliverable-as-Addressed Mail Requiring Carrier Endorsement****242.21 Casing**

Case undeliverable mail with no active forwarding order on file to the proper separation or designated location for the following categories:

- a. **Carrier Endorsed Mail.** This includes mail that may be undeliverable for any one of the following reasons as well as other appropriate carrier endorsements from DMM 507.1.4.1:
  - (1) **Deceased (DEC).** This endorsement is used only when it is known that the addressee is deceased and the mail is not properly deliverable to another person. This endorsement must be made personally by the delivering employee, and under no circumstances may it be rubber stamped. Mail addressed In Care Of another must be marked to indicate which person is deceased.
  - (2) **No Record Mail.** Credit as a markup each piece of mail given to the carrier under the provisions of [242.4](#).

- b. **Carrier Endorsed Bundles (with PARS bundle annotations).** This includes mail such as the following:
- (1) Insufficient (IA). Mail without number, street, box number, route number, or geographical section of city or city and state omitted and correct address not known.
  - (2) Attempted Not Known (ANK). Addressee is not known at place of address.
  - (3) In Dispute (DIS). Mail is returned to sender by order of the chief field counsel when it cannot be determined which of the disputing parties has the greater right to the mail.
  - (4) No Such Number (NSN). Nonexistent number, and the correct number is not known.
  - (5) No Such Street (NSS). Addressed to nonexistent street and correct street not known.
  - (6) Unable to Forward (UTF). Mail undeliverable at address given; no change-of-address order on file; forwarding order expired.
  - (7) No Mail Receptacle (NMR). Addressee has failed to provide a receptacle for the receipt of mail.
  - (8) Refused (REF). Addressee has refused to accept mail or pay postage charges.
  - (9) Temporarily Away (TA). Addressee temporarily away and period for holding mail expired.
  - (10) Unclaimed (UNC). Addressee abandons or fails to call for mail.
  - (11) Vacant (VAC). House, apartment, office, or building is not occupied. It is used only on First-Class and endorsed standard mail addressed to Occupant, Resident, etc.
  - (12) Illegible (ILL). Address not readable.
  - (13) Undeliverable Bulk Business Mail (UBBM). UBBM with a specific customer name and address. When a piece of UBBM with a specific name is undeliverable-as-addressed, place the mail to one side of the case ledge or in another designated location at the case. After completing casing of all mail designated for delivery that day, bundle this mail and mark the top piece UBBM, put your initials and route number on it, and leave it on the case ledge.
  - (14) Other Undeliverable Bulk Business Mail. UBBM addressed to Occupant, Resident, or using the exceptional address format (John Doe or Current Address). Normally, this type of mail is undeliverable only because the delivery point is vacant or the address is incorrect. Place undeliverable UBBM marked occupant, resident, or current resident to one side of the case ledge, or in another designated location. After completing casing of all mail designated for delivery that day, bundle this mail and mark the top piece "Other UBBM," put your initials and route number on it, and leave it on the case ledge.

- (15) Excess Boxholder Mail. Place all excess boxholder mail into the appropriate container (sack, hamper, tray, etc.), endorse a facing slip "In Excess of Requirements," initial the slip, and attach it to the container with the excess boxholder mail.

242.22 **Preparation**

- a. Withdraw and endorse mailpieces as described in [242.21a](#); in addition to the endorsement, write the date and route number on each piece.
- b. Bundle mail for each category as described in [242.21b](#), enter the date and route number, and deposit in the designated location.

242.23 **Disposition**

Deposit other undeliverable mail on your route in the proper separations of the throwback case, or as designated by your postmaster or supervisor (see [Exhibit 242.23, Suggested Layout of Carrier Throwback Case \(Automated and Nonautomated Units\), Item 129](#)). Separate marked-up mail (to correspond with throwback case separations) at the time of marking-up or before depositing it in the throwback case. This eliminates the need to separate it at the throwback case and to cause others to wait.

242.3 **Accountable and Signature Mail**

Return this mail to the accountable clerk and explain why it is undeliverable. Under no circumstances must this type of mail be obtained from or returned to the accountable clerk without establishing proper accountability. Return accountable mail or signed receipts for delivered accountable items found in your mail during the delivery process for which accountability was not established prior to your departure for the route as provided in [431.4](#).

242.4 **No Record Mail**

Handle No Record Mail returned to your route from the forwarding unit and endorsed as No Record in the following manner:

- a. Verify that the name in the address contains the correct spelling. Verify that the mailing address is correct. If there is an error in the above information, correct and return the mailing piece to the forwarding unit.
- b. If an active PS Form 3575 is on file, return the mailpiece to the forwarding unit.
- c. If no errors are noted, and no PS Form 3575 is on file, attempt delivery of the piece.
- d. If delivery attempt is unsuccessful, handle the mailing piece in accordance with [242.21](#).

**Note:** All No Record labels must be removed prior to reprocessing.

242.5 **Other Undeliverable Mail**

Other undeliverable mail that requires an endorsement includes:

- a. **Occupant Mail.** (First-, second-, fourth-, and endorsed third-class) addressed to vacant addresses.
- b. **Excess Boxholder Mail.** Place all excess boxholder mail into the appropriate container (sack, hamper, tray, etc.); endorse a facing slip *In*

*Excess of Requirements; initial the slip; and attach it to the container with the excess boxholder mail.*

## 25 Accountable Items

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### 251 **Definition**

For rural carriers, accountable items include:

- a. Postage due.
- b. Customs duty.
- c. Special delivery.
- d. COD.
- e. Certified.
- f. Registered.
- g. Express Mail.
- h. Return receipt for merchandise.
- i. Receipt for recorded delivery.

### 252 **Accountability Procedures**

#### 252.1 **Acquiring Accountable Items**

Obtain accountable items from the finance cage or designated area. You may be called individually, in groups by route number, or by passing a paddle. At some offices, accountable items are delivered to the carrier. When accountable items are found in the mail after you have left for the route, follow normal delivery procedures. Return accountable items or signed receipts for any delivered accountable mail you find in your mail during the delivery process for which accountability was not established prior to your departure for the route.

#### 252.2 **Receipting for Accountable Items**

##### 252.21 **Registered, Certified, Express Mail, Return Receipt for Merchandise and Receipt for Recorded Delivery**

Process these items as follows:

- a. Check the name and address on each of these articles to determine if the addressee has moved or lives on another route. If the addressee has moved, or the article is for another route, advise the accountable clerk. Do not accept the article.
- b. Verify the number appearing on articles with the entry made by the accountable clerk on PS Form 3867, *Registered, Express Mail, COD, Certified, and Return Receipt for Merchandise Matter Received for Delivery*.
- c. Sign (surname and initial) PS Form 3867 opposite correct entries only. You may bracket multiple entries and enter a single signature. You are responsible for each article upon receipt (see [Exhibit 252.21c](#)).

- d. PS Form 3883, *Firm Delivery Book-Registered, Certified and Numbered Insured Mail*, may be authorized for use on any route where warranted. Verify numbers appearing on articles with the entries on the form. Date and sign the original page in the appropriate blocks. Take the original and one copy of PS Form 3883 with the articles listed. Have the addressee sign the original at the time of delivery. Deliver the copy with the articles to the customer. Retain the original and return receipts as proof of delivery (see [Exhibit 252.21d](#)). **Note:** The only COD articles to be entered on PS Form 3883 are COD articles being returned to the sender when collection of the COD amount is not required. Handle all other COD mail in accordance with [252.23](#).

#### 252.22 **Customs Duty Mail**

Process these items as follows:

- a. Check the name and address (see [252.21a](#)).
- b. Check to ensure postage due fees have been identified on the article (see [252.24](#)).
- c. Check the mail entry number and verify the number of articles received with entry on PS Form 2944, *Receipt for Customs Duty Mail*, and, if correct, sign in lower left corner (see [Exhibit 252.22c](#)).

#### 252.23 **COD Mail**

Process CODs as follows:

- a. Check the name and address (see [252.21a](#)).
- b. Compare the name and address, amount due sender, and money order fee appearing on each tag with that appearing on each article. If there is a difference, return the article to the accountable clerk.
- c. Verify the total number of COD articles received with the entry on PS Form 3867. If they agree, sign PS Form 3867 (see [252.21c](#)).

#### 252.24 **Postage Due Mail**

Process this mail as follows:

- a. When postage due articles are presented to you for delivery, verify that they are deliverable on your route. Return any undeliverable articles to the accountable clerk at the time the articles are presented. Count the amount of postage due represented by the meter strips on the envelope or bundle, or by the amount shown on PS Form 3582-A, *Postage Due Bill* (see [Exhibit 252.24a](#)).
- b. The clerk then lists the total number of articles and the amount of postage due on PS Form 3584, *Postage Due Log* (see [Exhibit 252.24b](#)).
- c. Sign PS Form 3584, in ink, on the appropriate line. You assume full responsibility for articles for which you sign.
- d. All postal employees are expected to protect postal revenue. Postage due items found in the mail must be carried to the finance cage or designated area for processing. If mail distributed to your route is received with postage uncanceled, cancel the stamps before casing by drawing a pen line through the stamp or by using a dauber (where provided).

**252.25 Special Delivery Mail**

Handle special delivery mail as follows:

- a. Check the name and address (see [252.21a](#)).
- b. Only those special delivery articles that are accountable for another reason (i.e., registered, certified) require a signature on PS Form 3867.

**253 Use of PS Form 3849 or PS Form 3849-C for Accountable Mail****253.1 General**

As you make delivery, use PS Form 3849, *Delivery Notice/Reminder/Receipt*, or PS Form 3849-C, *Express Mail-Notice of Attempted Delivery*, as required for accountable mail. However, for identification purposes, enter the name or address in the office at the time articles are issued.

(Exception: See [342](#), Express Mail.)

**253.2 PS Form 3849****253.21 Use as Notice or Receipt**

Use PS Form 3849 (see [Exhibit 253.21](#)) as a notice for mail that cannot be delivered on the first attempt or as a delivery receipt for accountable mail. When using PS Form 3849 as a notice for mail that cannot be delivered, enter the appropriate data on the form. Endorse the article with the date and your initials.

**253.22 Return Article to Post Office**

Leave PS Form 3849 as a notice and return the article to the Post Office when you complete that delivery trip.

**253.23 Do Not Use as Receipt**

Do not use PS Form 3849 as a delivery receipt for ordinary COD mail. The tag for COD mail continues to be used for this purpose. (Obtain a receipt for registered COD mail on the COD tag and on PS Form 3849.)

**253.24 Use as a Marker**

Place PS Form 3849 in the proper separation in the case as a marker for registered mail. Keep registered mail separate. Do not case or mix registered mail with other mail.

**253.25 Use as Final Notice**

PS Form 3849 is also used to notify customers of a second or final notice reminder. Case and deliver with ordinary mail.

## 26 Preparing To Leave Office

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### 261 Strapping Mail

#### 261.1 Bundles

Strap out all mail cased and, if necessary, mark each bundle in sequence of delivery. You may reverse a letter, or use some other method, as a reminder that a customer has a parcel or other article that has not been cased.

#### 261.2 Other Containers

Mail may be placed in boxes, trays, or some other type of container instead of being strapped into bundles. Ensure that the containers do not tip over or spill, mixing up the mail.

### 262 Loading Vehicle

#### 262.1 General

Load all mail in the vehicle so that it is in sequence of delivery to ensure that no time is lost on the route searching for the proper bundles and parcels or containers.

#### 262.2 Final Withdrawal

Make final withdrawal of preferential mail from the designated distribution case immediately prior to leaving the office. Place this mail in sequence of delivery and deliver with the other mail.

#### 262.3 Delivery Point Sequence (DPS) Mail

Normally, DPS mail will be brought to your case unless your route receives withdrawal allowance, in which event, you may obtain your DPS mail from carts or another conveyance located in close proximity to the casing area.

### 263 Signing Out (PS Form 4240)

Just prior to leaving for the route, record, in ink, in column 3 of PS Form 4240 (see [Exhibit 263](#) the actual departure time from the office).

## 27 Safe Office Practices

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Practice good safety habits in the office and refrain from doing anything that would jeopardize your safety or the safety of others. The following are just *some* of the good safety practices you should employ:

- a. Do not jump or step over obstacles, such as equipment, or empty or full sacks of mail.
- b. Place discarded facing slips, twine, plastic straps, and rubber bands, etc., in designated receptacles. Do not throw them on the floor.
- c. Use steps, ramps, and handrails, as provided. Do not jump from one level to another from loading docks or platforms to the parking lot, etc.

- d. Place empty equipment (mail sacks, hampers, etc.) in designated locations; do not leave them in aisles or walkways.
- e. Do not engage in horseplay.
- f. When lifting objects, including mail sacks or packages, keep your back straight placing the weight on your legs. If an item is too heavy, get help.
- g. Always push rather than pull rolling equipment. Keep the load manageable.
- h. Use the right-hand door when passing through double swinging doors.
- i. Report hazardous conditions to your postmaster or supervisor.

## 28 Delivery Confirmation Data Collection Procedures

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### 281 No Signature Required

#### 281.1 Preparation in Office

Obtain and prepare the mobile data collection device assigned to your route as established by office policy.

#### 281.2 At the Delivery Point

##### 281.21 Delivery Events

If the item is delivered, scan the mailpiece barcode and enter other appropriate information into the mobile data collection device. If the mobile data collection device is not available, does not scan, or does not accept keyed-in information at a delivery point for a mailpiece being delivered, record the delivery confirmation barcode number (this can also be done by peeling the barcode off the item), date, ZIP Code, and time delivered onto PS Form 3849.

##### 281.22 Non-Delivery Events

If the item cannot be delivered for any reason, scan the mailpiece barcode and enter the appropriate information into the mobile data collection device. If the mobile data collection device is not available, does not scan, or does not accept keyed-in information at a delivery point for a non-deliverable mailpiece, write the reason for non-delivery on the mailpiece along with the date, time attempted, and carrier initials. Leave completed PS Form 3849 for customer notification.

#### 281.3 Return to Office

Return the mobile data collection device assigned to your route as established by office policy. If data could not be entered at the delivery point, or there has been a malfunction of the mobile data collection device while on the route, follow established office procedures for ensuring data is entered into a working mobile data collection device. Present the malfunctioning device to the supervisor and describe activity involved when equipment malfunctioned. Return mobile data collection device to the appropriate cradle.

282 **Reserved for Future Use**

Exhibit 211  
PS Form 4240, Rural Carrier Trip Report

Route		No.	Length ( <i>Miles</i> )		Classification			
					<input type="checkbox"/> "L"	<input type="checkbox"/> M		<input type="checkbox"/> J
Day of Week		Date	Carrier's Daily Time Record*					
			Rptd. at Post Office	Left Office to Serve Route	Rndt. to Post Office	Comp. Work at Post Office	Lunch Period Actual Time	
		(1)	(2)	(3)	(4)	(5)	(6)	
 P/P	Wk 1	Sat.	6-2	6:30	11:10	2:30	3:00	:30
		Mon.	6-4	7:00	11:30	2:30	3:45	:30
		Tues.	6-5	7:00	11:00	3:00	3:30	:30
		Wed.	6-6	7:00	11:15	2:30	3:30	:30
		Thur.	6-7	7:00	11:50	3:10	4:10	:30
		Fri.	6-8	7:00	11:25	2:40	3:30	:30
	Sat.	6-9	7:00					
 Wk 2	Mon.							
	Tues.							
	Wed.							
	Thur.							
	Fri.							




Exhibit 213.21 (p. 1)  
**Item 124-D, Carrier Case Items 124-D and 143-D for the Two-Bundle System**

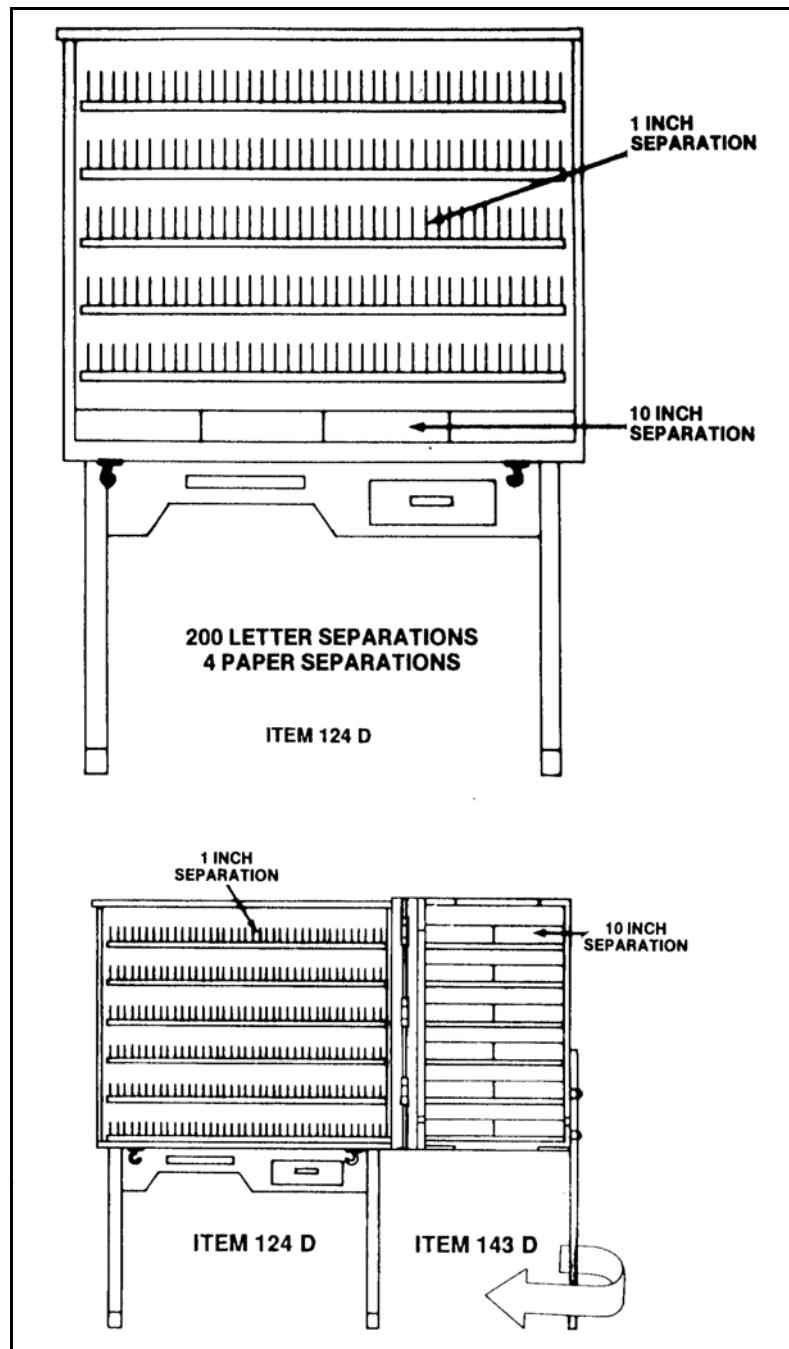


Exhibit 213.21 (p. 2)  
**Item 124-D, Carrier Case Items 124-D and 143-D for the Two-Bundle System**

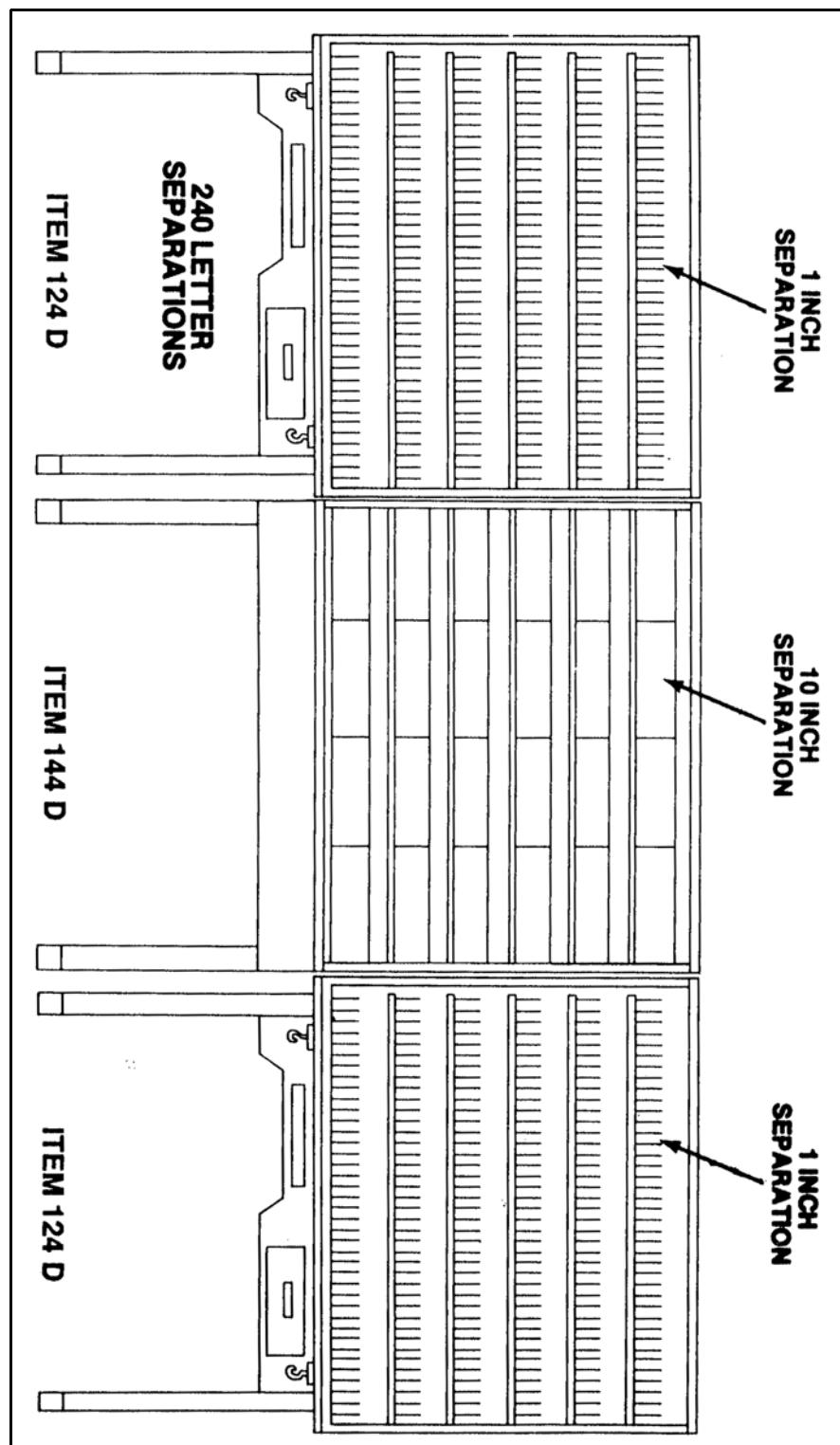


Exhibit 213.21 (p. 3)

**Item 124-D, Carrier Case Items 124-D and 143-D for the Two-Bundle System**

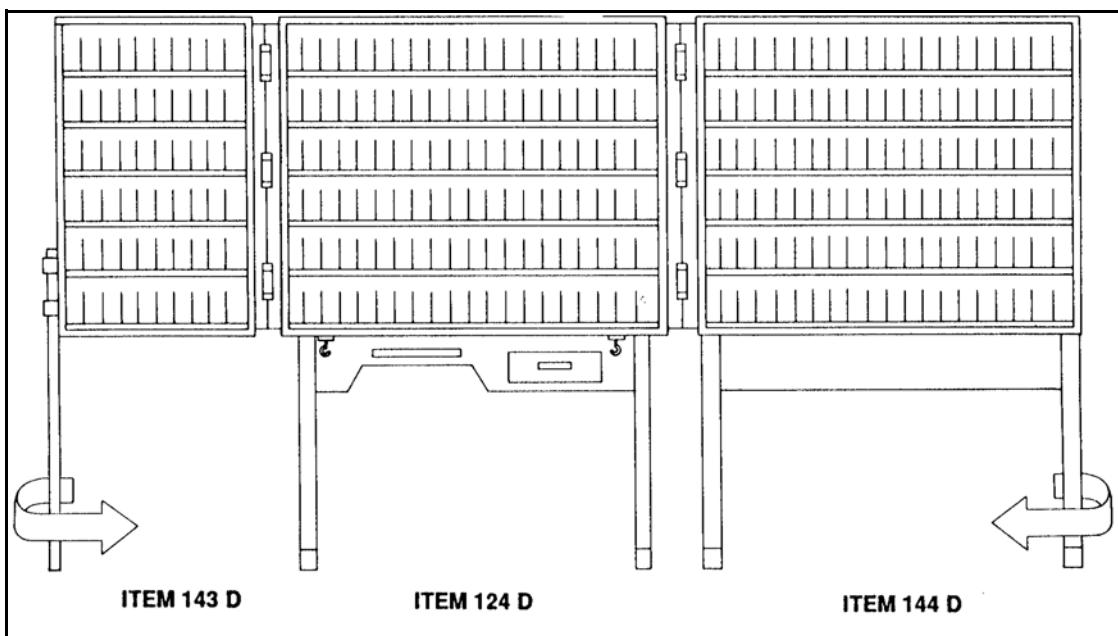


Exhibit 213.31 (p. 1)  
Labeling Cases

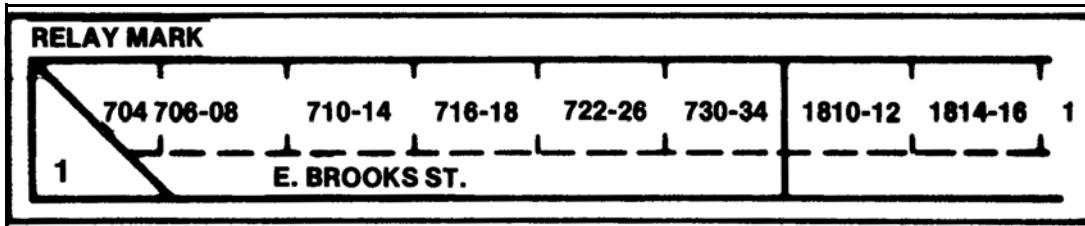
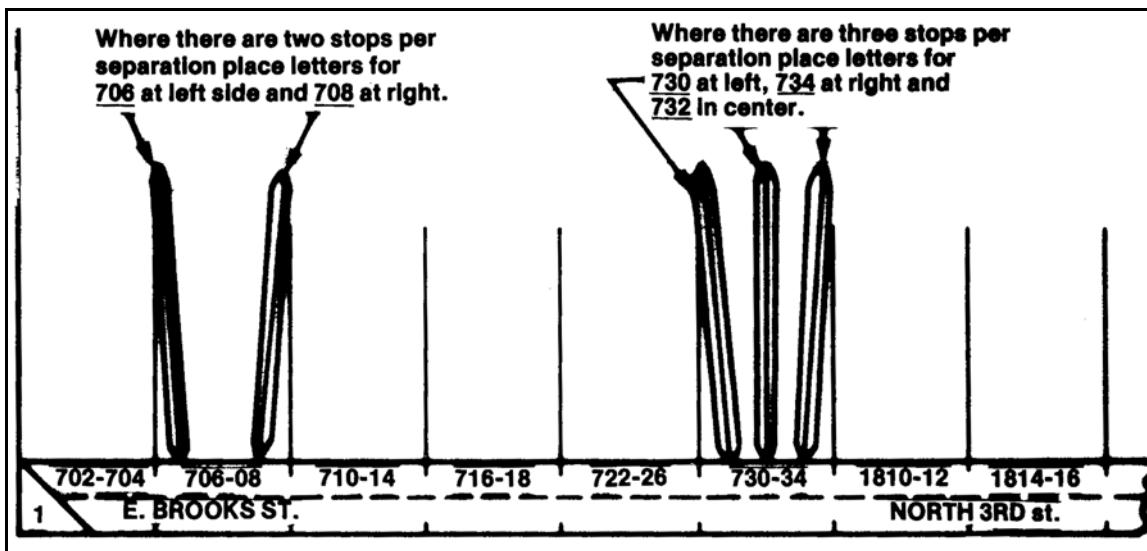


Exhibit 213.31 (p. 2)  
**Labeling Cases**

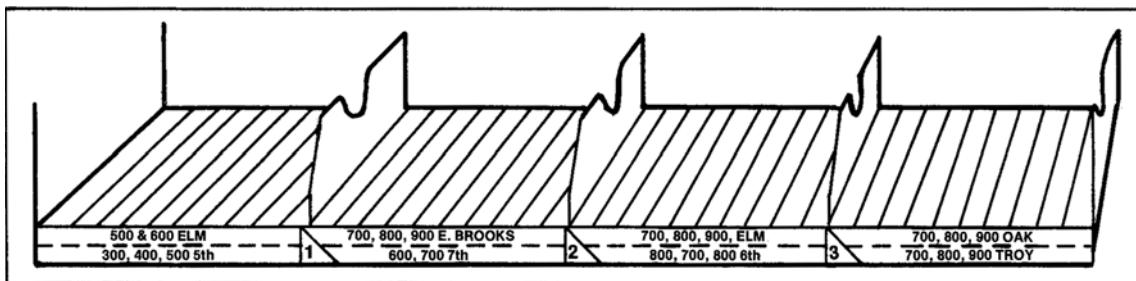


Exhibit 213.31 (p. 3)  
**Labeling Cases**

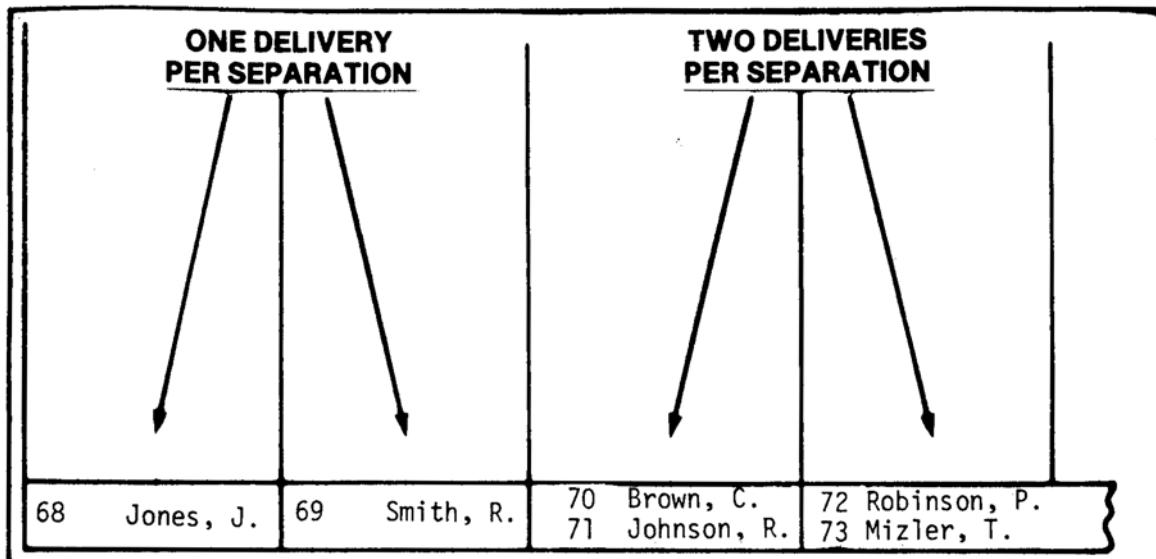


Exhibit 231.21

**PS Form 4232, Rural Customer Delivery Instructions**

<b>Rural Customer Delivery Instructions</b>			
(See Privacy Act Statement on reverse. Your correct mailing address is shown below.)			
Name (Last, First, MI)		Box No.	Telephone No.
Post Office, State, and ZIP + 4		House No.	Apt. No.
<p>We want to deliver your parcels. If your parcel does not require a signature for delivery and will not fit in your mail receptacle, please tell us how you wish it to be handled when no one is home to accept delivery (<i>Check location</i>):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Leave outside the mailbox</li> <li><input type="checkbox"/> Leave on the porch of residence*</li> <li><input type="checkbox"/> Leave in other location (<i>Specify location</i>): _____</li> <li><input type="checkbox"/> Leave no parcels</li> </ul> <p>Parcels will not be left in uncovered locations during inclement weather.</p> <p>When parcels are left in one of the above checked locations, I understand that the Postal Service and the carrier are not responsible in case of loss or damage.</p> <p>* Option available only if residence is within 1/2 mile of carrier's route.</p>		<p>To avoid delay and to assure prompt delivery of all mail, please complete this form and return it to your carrier. Enter the name of each person who may receive mail at your address in the ten spaces provided below. Include the names of all children and/or employees. Print the full name, including middle initial, of each individual. This information will expedite delivery of your mail.</p> <p>Rural carriers maintain a supply of stamps, cards, and envelopes for sale. Additionally, your carrier will accept certified or registered mail, insure packages, and prepare money orders. Generally, rural carriers can extend practically all services available at a post office.</p> <p>Please purchase a sufficient supply of stamps and affix proper postage on all outgoing mail.</p>	
<b>▼ Enter names of people who may receive mail at your address ▼</b>			
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	
Signature _____ Date _____			
Previous Editions Not Usable			

PS Form 4232, October 2001 (Page 1 of 2)

Previous Editions Not Usable

**Privacy Act Statement**

The collection of this information is authorized by 39 USC 403 and 404. This information will be used to assure prompt delivery of mail to each person residing at your dwelling. As a routine use, this information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the USPS is a party or has interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, contracts, licenses, grants, permits or other benefits; to a government agency upon its request when relevant to its decision concerning employment, security clearances, security or suitability investigations, contract, licenses, grants or other benefits; to a congressional office at your request; to an expert, consultant, or other person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of USPS finances; to an investigator, administrative judge or complaints examiner appointed by the Equal Employment Opportunity Commission for investigation of a formal EEO complaint under 29 CFR 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; to a labor organization as required by the National Labor Relations Act; to the Bureau of Census as requested to assist them in their statutory requirement of census taking; to individuals or organizations authorized by postal regulations to receive address correction information; to government planning authorities or firms under contract with those authorities, for the purpose of assigning locatable addresses to rural addresses; and to mailers wanting to have their mailing lists updated with the newly assigned address. Completion of this form is voluntary; however, failure to provide this information may result in delayed mail delivered to the residents of your dwelling.

PS Form 4232, October 2001 (Page 2 of 2)

Previous Editions Not Usable

**Exhibit 241.11**  
**PS Form 3575, Change of Address Order**

U.S. Postal Service CHANGE OF ADDRESS ORDER			Customer Instructions: Complete Items 1 thru 9, Except Item 8, please PRINT all information including address on face of card.						OFFICIAL USE ONLY								
1. Change of Address for (Check one)			<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Entire Family <input type="checkbox"/> Business			Zone/Route ID No.											
2. Start Date			Month	Day	Year	If TEMPORARY address, print address, print			Month	Day	Year	Date Entered on Form 3982 M M D D Y Y <b>07 25 90</b>					
4. Print Last Name or Name of Business (if more than one, use separate Change of Address Order Form for each)			3. date to discontinue forwarding			Expiration Date M M D D Y Y											
5. Print First Name of Head of Household (include Jr., Sr., etc.). Leave blank if the Change of Address Order is for a business.			6. Print OLD mailing address, number and street (if Puerto Rico, include urbanization zone)						7. Print NEW mailing address, number and street (if Puerto Rico, include urbanization zone)								
JAMES			2219 TWINS PINE LN						9250 CARDINAL DR								
Apt./Suite No.			P.O. Box No.			R.R/HCR No.			Rural Box/HCR Box No.								
City			State			ZIP Code			State								
GAINESVILLE			FL			32602-1			FL								
Apt./Suite No.			P.O. Box No.			R.R/HCR No.			Rural Box/HCR Box No.								
City			State			ZIP Code			State								
ST 10013			FL			1261-1			FL								
8. Signature (See conditions on reverse)			OFFICIAL USE ONLY						OFFICIAL USE ONLY								
James Kochim			Signature						Signature								
9. Date Signed			Month	Day	Year	Verification Endorsement						Verification Endorsement					
07 25 90			(Signature)						(Signature)								
OFFICIAL USE ONLY			OFFICIAL USE ONLY						OFFICIAL USE ONLY								

PS Form 3575, Mar. 1988

★ USGPO-1988-210-546

## Exhibit 241.12a

## PS Form 3575, Change of Address Order, and PS Form 3982, Change of Address

U.S. Postal Service <b>CHANGE OF ADDRESS ORDER</b>			Customer Instructions: Complete Items 1 thru 9. Except Item 8, please PRINT all information including address on face of card.						<b>OFFICIAL USE ONLY</b>	
1. Change of Address for (Check one) <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Entire Family <input type="checkbox"/> Business									Zone/Route ID No.	
2. Start Date <b>07 30 90</b>			If TEMPORARY address, print Month Day Year			Month Day Year			Date Entered on Form 3982 M M D D Y Y <b>07 28 90</b>	
4. Print Last Name or Name of Business in block letters, use separate Change of Address Order Form for each <b>YOCHEIM</b>			3. date to discontinue forwarding						Expiration Date M M D D Y Y	
6. Print First Name of Head of Household (include Jr., Sr., etc.) Leave blank if the Change of Address Order is for a business. <b>JAMES</b>									Carrier Endorsement <b>CQ</b>	
7. Print OLD mailing address, number and street (if Puerto Rico, include urbanization zone) <b>2219 TWIN PINE LN</b>			Apt./Suite No. <input type="checkbox"/> P.O. Box No. <input type="checkbox"/>			R.R/HCR No. <input type="checkbox"/> Rural Box/HCR Box No. <input type="checkbox"/>			State <b>FL</b> ZIP Code <b>32602-1</b>	
8. Print NEW mailing address, number and street (if Puerto Rico, include urbanization zone) <b>9250 CARDINAL DR</b>			Apt./Suite No. <input type="checkbox"/> P.O. Box No. <input type="checkbox"/>			R.R/HCR No. <input type="checkbox"/> Rural Box/HCR Box No. <input type="checkbox"/>			State <b>FL</b> ZIP Code <b>32612-61</b>	
9. Date Signed <b>07 25 90</b>									<b>OFFICIAL USE ONLY</b>	
Verification Endorsement										
PS Form 3575 Mar. 1988									★ USGPO-1988-210-546	
U.S. Postal Service <b>CHANGES OF ADDRESS</b>							INSTRUCTIONS Enter permanent orders for 18 months and temporary orders for the duration of the temporary changes. Send all mail, except Undenverged Bulk Business Mail (UBBM), to the CFS/CMU for forwarding. Bulk UBBM and leave on carrier case for review by supervisor.			
							Indicate inclusive separations: row, shelf, single address. ►			
Indiv- idual Business	Effective Date	Expira- tion Date (if tem- porary)	Date Entered on Form 3982	Last Name or Name of Business	First Name(s) of Individual(s)	Old Address (Include Apt. No., etc. where applicable)	New Address (Must include ZIP Code)	Employee Endorse- ment		
<input checked="" type="checkbox"/>	6/20/90	6/6	ADAMS	CHARLIE	123 MAPLE TREE LN.	3075 CHERRY ST. LOS ANGELES, CA 90006	CQ			
X	6/22/90	6/22	CARRUTH	MELROSE	36-A PINETREE LN.	3344-G 7TH ST. NW JACKSON, MS 39205	CQ			
X	6/22/90	6/22	DAVIDSON	JAYUS	5008 EUCLID AVE.	2071 MEADOW DR. BROOKLYN, NY 11212	CQ			
X	6/22/90	6/22	PERRON	CATHY	600-D OAK ST.	6-TYLER LOOP WAREFIELD, MA 01880	CQ			
X	6/30/90	6/28	RIDDLE	LIL	2204 HUMMINGBIRD RD.	2364 LESTER DR. LEXINGTON, KY 40511	CQ			
X	7/28/90	7/28	SEAY	RUSSELL	1021 9TH AVE. SO.	580 WASHINGTON ST. BALTIMORE, MD 21201	CQ			
X	7/30/90	7/28	YOCHEIM	JAMES	2219 TWIN PINE LN.	9250 CARDINAL DR. ST. LOUIS, MO 63126	CQ			

PS Form 3982, July 1988 (Discard previous edition)

Exhibit 241.21

**PS Form 3546, Forwarding Order Change Notice**

U.S. Postal Service <b>FORWARDING ORDER CHANGE NOTICE</b>						Check One	
1. Carrier Route No.		2. Carrier/CIK Initis.	3. Receiving Employee Initis.	4. Original Order Date	5. This Order Date	6. Expiration Date	<input type="checkbox"/> Entire Family <input checked="" type="checkbox"/> Individual
7. Print Last Name or Name of Business/Firm (If more than one last name fill out an additional form.) <b>C A R R E V T H</b>							
8. Print First Name of Each Individual Covered By This Order (Separate each name by a space.) <b>M E L R O Y</b>							
9. Original Address	Print Number and Street <b>36-A Pine Tree Ln.</b>			Apt./Suite No.	P.O. Box No.	Rural Route No.	Rural Box No.
	Print City <b>GAINESVILLE</b>				State <b>FL</b>	ZIP+4 <b>32602</b>	
10. Cancelled Forwarding Order	Print Number and Street <b>271 Main St.</b>			Apt./Suite No. <b>16</b>	P.O. Box No.	Rural Route No.	Rural Box No.
	Print City <b>MELROSE</b>				State <b>MA</b>	ZIP+4 <b>02176</b>	
11. New Forwarding Order	Print Number and Street <b>2344 7th Rd. NW</b>			Apt./Suite No. <b>9</b>	P.O. Box No.	Rural Route No.	Rural Box No.
	Print City <b>JACKSON</b>				State <b>MS</b>	ZIP+4 <b>39205</b>	
12. Discontinue Forwarding <input type="checkbox"/> Moved no order <input type="checkbox"/> Refuses to pay postage due on ALL 4th-class <input type="checkbox"/> No such number <input type="checkbox"/> No such street, check forwarding order							
13. Post Office		14. Station/Branch			15. By (Route No., Name)		

PS Form 3546, June 1988

U.S. Government Printing Office: 1990 — 282-404/25729

(Previous edition usable)



Exhibit 242.23  
**Suggested Layout of Carrier Throwback Case (Automated and Nonautomated Units), Item 129**

SUGGESTED THROWBACK CASE NONAUTOMATED OFFICES					
PREFERENTIAL MAIL MISSORTS LETTERS	BBM MISSORTS ** LETTERS	CARRIER ROUTE PRESORT MISSORTS LETTERS	INSUFFICIENT ADDRESS LETTERS	NOT DELIVERABLE AS ADDRESSED UNABLE TO FORWARD LETTERS	CARRIER ENDORSED MAIL LETTERS
PREFERENTIAL MAIL MISSORTS FLATS		CARRIER ROUTE PRESORT MISSORTS FLATS		INSUFFICIENT ADDRESS AND NOT DELIVERABLE AS ADDRESSED UNABLE TO FORWARD FLATS	
BBM MISSORTS FLATS		SPECIAL INSTRUCTION MAIL LETTERS & FLATS +		CARRIER ENDORSED MAIL FLATS	

+ This cell designated for local office use based on need. Special Instruction mail examples are local box mail, hold or vacation mail, general delivery mail, etc.  
 \* Use this heading in automated offices - Automated Letters.  
 \*\* Use this heading in automated offices - Nonautomated Letters.



Exhibit 252.21d

**PS Form 3883, Firm Delivery Book — Registered, Certified and Numbered Insured Mail**

Bill No.	<input type="checkbox"/> In-sured	<input type="checkbox"/> Regis-tered	<input checked="" type="checkbox"/> Certi-fied	<input type="checkbox"/> Returned COD's	<input type="checkbox"/> Return Receipt for Merchandise	Mail for <b>DAVIDSON IMPORTS</b>
No. of Article	★ Code	Office of Origin Use ONLY for International		No. of Article	★ Code	Office of Origin Use ONLY for International
P 039 757 491				11		
P 528 755 295	R			12		
P 039 757 505	R			13		
P 369 373 029				14		
P 134 020 769	R			15		
P 529 747 990				16		
P 623 111 752				17		
8				18		
9				19		
10				20		
<small>*CODE: R = Return Receipt Requested. OS = Officially Sealed. RE = Re-enveloped. SD = Special Delivery. RW = Returned to Writer. DC = Received in damaged condition.</small>						
Date of Delivery <i>6/18/90</i>	Received the	Addressee				
Delivered by (Clerk or Carrier) <i>C. Adams</i>	Pieces Described Above	Agent				
Postmark — Delivery Office						
PS Form 3883, April 1988						
★ U. S. GOVERNMENT PRINTING OFFICE: 1988-212-93						

Exhibit 252.22c

**PS Form 2944, Receipt for Customs Duty Mail**

U. S. POSTAL SERVICE RECEIPT FOR CUSTOMS DUTY MAIL		LIST OF DUTIABLE ARTICLES
UNIT OR STATION <i>GAINESVILLE, FL</i>	DATE <i>6-13-90</i>	MAIL ENTRY NUMBER <i>270621</i>
RECEIVED FROM (Name) <i>B. JOHNSON</i>	SIGNATURE OF CARRIER <i>C. Adams</i>	
NUMBER OF ARTICLES		
WITH CUSTOMS ENTRY <i>ONE</i> (Forms attached)	SIGNED CUSTOMS MAIL ENTRY FORMS (From delivering employee)	
NO. ARTICLES RETURNED	AMT. OF DUTY COLLECTED <i>\$</i>	
DELIVERING EMPLOYEE (Signature) <i>C. Adams</i>	CLEARING EMPLOYEE (Signature)	
PS Form 2944 June 1971		
★ U.S.GPO:1986-0-491-745/55412		

Exhibit 252.24a

**PS Form 3582-A, Postage Due Bill**

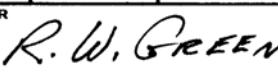
U.S. POSTAL SERVICE POSTAGE DUE BILL								
<b>NAME OF CUSTOMER AND ADDRESS</b> <i>RIDDLE INSURANCE Co. 3800 Nobby Rd. JACKSON, MS 39211</i>								
<small>DATED POSTMARK</small>								
Postage due articles amounting to <u>8</u> dollars and <u>13</u> cents are herewith tendered for delivery upon payment of this amount, for which U.S. postage due stamps or meter impressions equivalent in value are attached to this and the necessary follow sheets forming a part of this bill. If you have deposited a sum in advance for postage due mail, the amount of this bill is being deducted from your account. Please see that the value of the attached postage due stamps corresponds with the amount stated.								
<b>NUMBER OF FOLLOW SHEETS TO THIS BILL</b>		<b>SIGNATURE OF POSTMASTER</b> 				<b>PER</b> 		
<b>PS Form 3582-A</b> Aug. 1976		<small>★ U.S. Government Printing Office: 1985-494-586</small>						



Exhibit 253.21

**PS Form 3849, Delivery Notice/Reminder/Receipt**

• IMPORTANT: Present this form to obtain your mail. ID required. Signature may be required.		ARTICLE NO.																																																											
<p>You may pick up your mail after _____ M. (Date) _____ or notify your carrier or Post Office for redelivery.</p> <table border="1"> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Numbered</td> <td><input type="checkbox"/> Custom (Omit Number)</td> <td><input type="checkbox"/> Letter</td> <td><input type="checkbox"/> Flat</td> </tr> <tr> <td><input type="checkbox"/> Insured</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Rtn Rcpt</td> <td><input type="checkbox"/> Postage Due</td> <td><input type="checkbox"/> Parcel</td> <td><input type="checkbox"/> Hold</td> </tr> <tr> <td><input type="checkbox"/> Certified</td> <td><input type="checkbox"/> COD</td> <td><input type="checkbox"/> for Mdse</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Restricted Delivery</td> <td></td> </tr> <tr> <td colspan="3">Special ) For special Delivery ) deliveries: Article</td> <td colspan="3"><input type="checkbox"/> Placed Under Your Door. <input type="checkbox"/> Placed in Your Letter Box.</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> If not called for at Post Office before carrier begins his next regular trip he will deliver it to you.</td> <td colspan="3"><input type="checkbox"/> ZIP of Origin</td> </tr> <tr> <td>Final Notice</td> <td>Return Date</td> <td colspan="4">Amount Due \$</td> </tr> <tr> <td>Customer (Please describe any visible damage)</td> <td colspan="5">Address Name (Print)</td> </tr> <tr> <td></td> <td colspan="5">Address <i>6028 BRENNER</i></td> </tr> <tr> <td>Delivered by and Date</td> <td>Received By</td> <td colspan="4"></td> </tr> <tr> <td colspan="6">X</td> </tr> </table>			<input type="checkbox"/> Registered	<input type="checkbox"/> Numbered	<input type="checkbox"/> Custom (Omit Number)	<input type="checkbox"/> Letter	<input type="checkbox"/> Flat	<input type="checkbox"/> Insured	<input type="checkbox"/>	<input type="checkbox"/> Rtn Rcpt	<input type="checkbox"/> Postage Due	<input type="checkbox"/> Parcel	<input type="checkbox"/> Hold	<input type="checkbox"/> Certified	<input type="checkbox"/> COD	<input type="checkbox"/> for Mdse	<input type="checkbox"/>	<input type="checkbox"/> Restricted Delivery		Special ) For special Delivery ) deliveries: Article			<input type="checkbox"/> Placed Under Your Door. <input type="checkbox"/> Placed in Your Letter Box.			<input type="checkbox"/> If not called for at Post Office before carrier begins his next regular trip he will deliver it to you.			<input type="checkbox"/> ZIP of Origin			Final Notice	Return Date	Amount Due \$				Customer (Please describe any visible damage)	Address Name (Print)						Address <i>6028 BRENNER</i>					Delivered by and Date	Received By					X					
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► Thank you, we appreciate your business.																																																													
<b>USED AS A MARKER</b>																																																													

PS Form 3849, Mar. 1988 DELIVERY NOTICE/REMINDER/RECEIPT

• IMPORTANT: Present this form to obtain your mail. ID required. Signature may be required.		ARTICLE NO. <i>R-4570</i>																																																											
<p>You may pick up your mail after <u>8 A.</u> M. (Date) <u>7-13-90</u> or notify your carrier or Post Office for redelivery.</p> <table border="1"> <tr> <td><input checked="" type="checkbox"/> Registered</td> <td><input type="checkbox"/> Numbered</td> <td><input type="checkbox"/> Custom (Omit Number)</td> <td><input checked="" type="checkbox"/> Letter</td> <td><input type="checkbox"/> Flat</td> </tr> <tr> <td><input type="checkbox"/> Insured</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Rtn Rcpt</td> <td><input type="checkbox"/> Postage Due</td> <td><input type="checkbox"/> Parcel</td> <td><input type="checkbox"/> Hold</td> </tr> <tr> <td><input type="checkbox"/> Certified</td> <td><input type="checkbox"/> COD</td> <td><input type="checkbox"/> for Mdse</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Restricted Delivery</td> <td></td> </tr> <tr> <td colspan="3">Special ) For special Delivery ) deliveries: Article</td> <td colspan="3"><input type="checkbox"/> Placed Under Your Door. <input type="checkbox"/> Placed in Your Letter Box.</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> If not called for at Post Office before carrier begins his next regular trip he will deliver it to you.</td> <td colspan="3"><input type="checkbox"/> ZIP of Origin</td> </tr> <tr> <td>Final Notice</td> <td>Return Date</td> <td colspan="4">Amount Due \$</td> </tr> <tr> <td>Customer (Please describe any visible damage)</td> <td colspan="5">Address Name (Print)</td> </tr> <tr> <td></td> <td colspan="5">Address <i>L. L. CARRUTH</i></td> </tr> <tr> <td>Delivered by and Date</td> <td>Received By</td> <td colspan="4"></td> </tr> <tr> <td colspan="6">X</td> </tr> </table>			<input checked="" type="checkbox"/> Registered	<input type="checkbox"/> Numbered	<input type="checkbox"/> Custom (Omit Number)	<input checked="" type="checkbox"/> Letter	<input type="checkbox"/> Flat	<input type="checkbox"/> Insured	<input type="checkbox"/>	<input type="checkbox"/> Rtn Rcpt	<input type="checkbox"/> Postage Due	<input type="checkbox"/> Parcel	<input type="checkbox"/> Hold	<input type="checkbox"/> Certified	<input type="checkbox"/> COD	<input type="checkbox"/> for Mdse	<input type="checkbox"/>	<input type="checkbox"/> Restricted Delivery		Special ) For special Delivery ) deliveries: Article			<input type="checkbox"/> Placed Under Your Door. <input type="checkbox"/> Placed in Your Letter Box.			<input type="checkbox"/> If not called for at Post Office before carrier begins his next regular trip he will deliver it to you.			<input type="checkbox"/> ZIP of Origin			Final Notice	Return Date	Amount Due \$				Customer (Please describe any visible damage)	Address Name (Print)						Address <i>L. L. CARRUTH</i>					Delivered by and Date	Received By					X					
<input checked="" type="checkbox"/> Registered	<input type="checkbox"/> Numbered	<input type="checkbox"/> Custom (Omit Number)	<input checked="" type="checkbox"/> Letter	<input type="checkbox"/> Flat																																																									
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PS Form 3849, Mar. 1988 DELIVERY NOTICE/REMINDER/RECEIPT

• IMPORTANT: Present this form to obtain your mail. ID required. Signature may be required.		ARTICLE NO. <i>R-4570</i>																																																											
<p>You may pick up your mail after <u>8 A.</u> M. (Date) <u>7/13-90</u> or notify your carrier or Post Office for redelivery.</p> <table border="1"> <tr> <td><input checked="" type="checkbox"/> Registered</td> <td><input type="checkbox"/> Numbered</td> <td><input type="checkbox"/> Custom (Omit Number)</td> <td><input checked="" type="checkbox"/> Letter</td> <td><input type="checkbox"/> Flat</td> </tr> <tr> <td><input type="checkbox"/> Insured</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Rtn Rcpt</td> <td><input type="checkbox"/> Postage Due</td> <td><input type="checkbox"/> Parcel</td> <td><input type="checkbox"/> Hold</td> </tr> <tr> <td><input type="checkbox"/> Certified</td> <td><input type="checkbox"/> COD</td> <td><input type="checkbox"/> for Mdse</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Restricted Delivery</td> <td></td> </tr> <tr> <td colspan="3">Special ) For special Delivery ) deliveries: Article</td> <td colspan="3"><input type="checkbox"/> Placed Under Your Door. <input type="checkbox"/> Placed in Your Letter Box.</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> If not called for at Post Office before carrier begins his next regular trip he will deliver it to you.</td> <td colspan="3"><input type="checkbox"/> ZIP of Origin</td> </tr> <tr> <td>Final Notice</td> <td>Return Date</td> <td colspan="4">Amount Due \$</td> </tr> <tr> <td>Customer (Please describe any visible damage)</td> <td colspan="5">Address Name (Print)</td> </tr> <tr> <td></td> <td colspan="5">Address <i>L. L. CARRUTH</i></td> </tr> <tr> <td>Delivered by and Date</td> <td>Received By</td> <td colspan="4"></td> </tr> <tr> <td colspan="6"><i>Adams 7/13/90 X-L. L. Carruth</i></td> </tr> </table>			<input checked="" type="checkbox"/> Registered	<input type="checkbox"/> Numbered	<input type="checkbox"/> Custom (Omit Number)	<input checked="" type="checkbox"/> Letter	<input type="checkbox"/> Flat	<input type="checkbox"/> Insured	<input type="checkbox"/>	<input type="checkbox"/> Rtn Rcpt	<input type="checkbox"/> Postage Due	<input type="checkbox"/> Parcel	<input type="checkbox"/> Hold	<input type="checkbox"/> Certified	<input type="checkbox"/> COD	<input type="checkbox"/> for Mdse	<input type="checkbox"/>	<input type="checkbox"/> Restricted Delivery		Special ) For special Delivery ) deliveries: Article			<input type="checkbox"/> Placed Under Your Door. <input type="checkbox"/> Placed in Your Letter Box.			<input type="checkbox"/> If not called for at Post Office before carrier begins his next regular trip he will deliver it to you.			<input type="checkbox"/> ZIP of Origin			Final Notice	Return Date	Amount Due \$				Customer (Please describe any visible damage)	Address Name (Print)						Address <i>L. L. CARRUTH</i>					Delivered by and Date	Received By					<i>Adams 7/13/90 X-L. L. Carruth</i>					
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Delivered by and Date	Received By																																																												
<i>Adams 7/13/90 X-L. L. Carruth</i>																																																													
MAIL IS AT			<input type="checkbox"/> Left With Residential Unit Manager																																																										
► Thank you, we appreciate your business.																																																													
<b>USED AS A DELIVERY RECEIPT</b>																																																													

PS Form 3849, Mar. 1988 DELIVERY NOTICE/REMINDER/RECEIPT

Exhibit 263  
**PS Form 4240, Rural Carrier Trip Report**

Day of Week		Date	Carrier's Daily Time Record*					Tc D. H (L) Reg
			Rptd. at Post Office	Left Office to Serve Route	Rnd. to Post Office	Comp. Work at Post Office	Lunch Period Actual Time	
(1)	(2)	(3)	(4)	(5)	(6)	(7)		
P/P 13	Wk 1	Sat.	6-2	6:30	11:10	2:30	3:00	:30
		Mon.	6-4	7:00	11:30	2:50	3:45	:30
		Tues.	6-5	7:00	11:00	3:00	3:30	:30
		Wed.	6-6	7:00	11:15	2:30	3:30	:30
		Thur.	6-7	7:00	11:50	3:10	4:10	:30
		Fri.	6-8	7:00	11:25	2:40	3:30	:30
	Wk 2	Sat.	6-9	7:00	11:15			
		Mon.						
		Tues.						
		Wed.						
		Thur.						
		Fri.						



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# 3 Carrier Performance on Route

## 31 Route Travel

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### 311 Established Line of Travel

Serve your route in accordance with the authorized line of travel. (See [Exhibit 132.2](#), PS Form 4003, *Official Rural Route Description*.) The official starting and ending point of rural routes is the designated loading and unloading area.

### 312 Changes in Line of Travel

#### 312.1 Emergencies and Adverse Weather Conditions

During emergencies and adverse weather conditions, you may make deviations from the route using alternate roads and reversing the line of travel, where necessary. Advise your postmaster or supervisor whenever a deviation was made in the line of travel.

#### 312.2 Additional Mileage

When you are required to travel additional mileage because of road construction, flooding, or other conditions, record the additional travel each day in the *Remarks* section on PS Form 4240, *Rural Carrier Trip Report*.

#### 312.3 Detours

Where it is necessary to make an extensive detour to effect delivery, when practical, you may ask customers to:

- a. Temporarily relocate their mailbox.
- b. Arrange to receive their mail through another customer's mailbox.
- c. Make some other arrangement for receiving their mail until regular service can be resumed.

#### 312.4 Incomplete Trip

When a trip is not completed, record on PS Form 4240 the reason for curtailment, the number of miles traveled, the number of miles of the route served, and the addresses or inclusive addresses not served.

#### 312.5 Reasonable Effort

You are expected to make every reasonable effort to serve all customers on the route and complete scheduled services to intermediate Post Offices, relays, etc.

### 313 **Dismount Delivery**

#### 313.1 **Authorized Dismount Delivery**

A satchel may be required for dismount deliveries to avoid multiple trips to and from the vehicle. Also, the delivery vehicle must be closed and locked at any time the vehicle is not in full view. When approved and directed by your postmaster or supervisor, provide dismount delivery service to:

- a. Apartment buildings or other multiple dwellings that use, or are qualified to use, apartment house receptacles.
- b. Other centralized delivery points, such as cluster box units, delivery centers, etc.
- c. Individual, groups, or clusters of boxes, located behind the sidewalk where solid sidewalks abutting the curb prevent normal rural delivery service from the vehicle.
- d. Other specifically authorized dismount deliveries, such as businesses, churches, hardship delivery customers, medical buildings, schools, shopping centers, etc.
- e. Relays for city delivery routes (see [132.7](#)).

#### 313.2 **Emergency Dismount Delivery**

When snow, vehicles, or other objects *temporarily* block access to individual boxes, dismount to make delivery when such service can be provided without undue physical exertion or risk of personal injury. You are not required to dismount and provide service on foot when roads or entire blocks, or equally large portions of the route, are impassable or when access to several mailboxes (along a continuous segment of the route) is blocked. Whenever necessary, request your Postmaster or supervisor to inform customers with PS Form 4056, *Your Mailbox Needs Attention* (see [Exhibit 131.1b](#)), or Notice 38, *Approaches to Curbside or Rural Mailboxes* (see [Exhibit 131.1c](#)), to keep the approach to their boxes clear by promptly removing obstructions, including snow, that may make normal delivery of mail from a vehicle difficult or impossible.

## 32 Delivery of Ordinary and Simplified Address Mail

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### 321 **Ordinary Mail**

#### 321.1 **Proceed to First Box**

Proceed to the first box on the route where there is mail to be delivered or collected and begin service.

#### 321.2 **Verify Address**

Before placing mail in the receptacle, verify address accuracy. Exception: It is not necessary to verify mail distributed in accordance with [225.4](#) (Segmentation Prepared by Mail Processing).

**321.3 Stop for Signal Flags**

While there may not be mail for delivery at a particular box, stop and make collection if the signal flag is raised indicating there is mail to collect.

**321.4 Deliver Mail Collected**

Deliver mail collected on the route addressed for delivery on the portion of the route still to be served, on the day it is collected if requested by the customer. Cancel the stamps before delivering the mail by writing the name of the Post Office, the date, and your route number across them.

**321.5 Ignore Omission**

Deliver ordinary mail addressed to a box and route number even though the boxholder's name is omitted.

**321.6 Provide Dismount Service**

Provide dismount delivery service in accordance with [313](#).

**321.7 Provide Special Consideration**

Deliver to a customer at any place on the route, if the customer's identity is known and you will not be unreasonably delayed.

**321.8 Refer Recall Requests**

Do not return mail collected from customers or collection boxes to any person. Refer requests for the recall of mail to your postmaster or supervisor. (See *Domestic Mail Manual* (DMM) 152.7 for recall of mail procedures.)

**322 Simplified Address Mail (Boxholders)****322.1 Distribution With Individual Names or Addresses**

Deliver each piece as addressed. **Note:** These mailings may be for only portions of the route.

**322.2 General Distribution Without Individual Names and Addresses****322.21 One Piece Per Box**

- a. **Mail Addressed Postal Customer.** Deliver one piece to each box on the route beginning with the first box and continuing until the supply is exhausted. Do not deliver a piece to a box where a customer has made a request of a mailer not to receive their mailing.
- b. **Mail Addressed Residential Customer.** Deliver one piece to each residential customer box beginning with the first residential customer box and continuing until the supply is exhausted. Residential customer boxes are defined as those boxes where residential customers receive mail in the box and those boxes that serve primarily residential customers with an incidental business at the same address. Do not deliver a piece to a box where a customer has made a request of a mailer not to receive their mailing.

**322.22 One Piece Per Family**

If a sufficient quantity of boxholder mail is received (and the mailer has requested family coverage), deliver one piece to each family receiving mail in a box. Do not deliver a piece to a box where a customer has made a request of a mailer not to receive their mailing.

**322.23 PS Form 3982-R, Rural Boxholder Non-delivery Request**

Record on this form a mailer-provided address where a customer has requested non-delivery of a specific boxholder. When you reach this delivery point on the route, do not deliver the boxholder to this address. Return the form to your case when you return to the office. If you case your boxholders, do not case a boxholder in the case separation for the address noted on this form.

**322.24 Excess**

If the amount of boxholder mail received exceeds the number of boxes and/or families on the route:

- a. Return the excess to the Post Office.
- b. Bundle all excess boxholder mail by sets. (You may use a sack, hamper, tray, etc. for this purpose.)
- c. Endorse a facing slip *In Excess of Requirements*; initial the slip; and attach it to the bundle or container of excess boxholder mail.
- d. Place the bundle or container in the designated location.

**322.25 Insufficient Supply**

If there is not enough boxholder mail for all of the boxes or customers on your route, advise the postmaster or supervisor of the number of boxholders needed to provide complete coverage. (Use excess boxholder mail from other individual routes to complete coverage.)

## 33 Parcels

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**331 Delivery****331.1 General**

Parcels must be taken out for delivery on the first trip after they arrive at the office.

**331.2 Oversized Parcels****331.21 Attract Customer to Box**

If a parcel is too large for the box, make a reasonable effort to attract the customer to the box to receive the parcel. Do this by sounding the horn or by hailing the customer. If unsuccessful, you must deliver parcels to any residence or business that is on the line of travel, or within one-half mile of the route and has a passable road leading to it. You are required to dismount to effect delivery if there is no response to your efforts to have the customer come to the vehicle, or if the customer requests that you do so. In

multi-tenant buildings, make every effort to deliver parcels to customers using existing building notification procedures.

### 331.22 **Leave Outside the Box**

Uninsured parcels or parcels that do not require a signature may be left outside the box or in an unprotected location such as a stairway or uncovered porch when the addressee has given written directions for an alternate delivery location or the mailer participates in the Carrier Release Program by endorsing the package "Carrier — Leave If No Response."

- a. **Customer Authorization to Leave.** If a customer has filed a written order stating that parcels too large for the box may be left outside the box or in another designated location, you may do so.
- b. **Mailer Authorization to Leave.** When a parcel is endorsed, "Carrier — Leave If No Response," and no one is available to receive it, you may leave it in an unprotected location, e.g., stairway or uncovered porch. A PS Form 3849, *Delivery/Notice/Reminder/Receipt*, with the "It Is Located: \_\_\_\_\_" block completed must be left in the mail receptacle notifying the addressee of the mail if left in an alternate location. Mailers who participate in the Carrier Release Program understand that there are unsecured areas where the Postal Service will leave parcels and also understand that carriers will leave parcels without protection from inclement weather.
- c. **Liability.** By following the mailer's or addressee's instructions, the Postal Service provides customers with a more convenient way to receive parcels. Carriers are not liable for loss or theft when the customer's instructions and postal regulations are followed.

## 332 **Incomplete Delivery**

### 332.1 **When the Carrier Is Not Authorized to Leave Ordinary Parcels**

#### 332.11 **When Someone Is Usually Available to Receive Parcels**

When an ordinary or unnumbered insured parcel is not delivered on the first attempt and you know that someone at the address is usually available to receive parcels, do not leave PS Form 3849, *Delivery Notice/Reminder/Receipt*. Write the date and your initials near the address and return the parcel to the office. Place the parcel in the gurney at your case. Attempt a second delivery on the next delivery day. If the parcel is not delivered after the second attempt, complete and leave PS Form 3849.

#### 332.12 **When Someone Is Not Usually Available to Receive Parcels**

If no one is available to receive the parcel and you know that someone at the address is *not* usually available to receive parcels, complete and leave PS Form 3849 after the first attempt. When you do not know if someone is usually available to receive parcels, PS Form 3849 should be left after your first attempt. Endorse the parcel with your initials and the date. Upon returning to the office, deposit the parcel in the designated place for undelivered parcels.

**332.2 Redelivery of Parcels**

Except as provided in [332.11](#), make a second attempt only if requested by the addressee. If the redelivery request is made using PS Form 3849, take the form back to the office and give it to the accountable mails clerk. You will receive the parcel from the accountable mails clerk on the day the addressee requested redelivery. If delivery is not made on the second attempt and the addressee did not authorize the parcel to be left, leave PS Form 3849, with the *Final Notice* block checked. Endorse the parcel to show a final notice was left and return the parcel to the designated place for holding.

## 34 Special Service and Express Mail

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**341 Special Service Mail****341.1 General****341.11 Acceptance**

Registered Mail, COD, Certified Mail, insured mail, return receipt for merchandise, delivery confirmation, and Signature Confirmation may be accepted for mailing provided the customer prepays the required postage and fees.

**341.12 Delivery**

- a. All special service mail (Registered Mail, Certified Mail, numbered insured mail, return receipt for merchandise, custom duty, COD, and Signature Confirmation) must be delivered to the residence or business. Try to get the customer to come to the vehicle by sounding the horn or by giving some other signal. If there is no response, or the customer requests you to do so, dismount to deliver to any business or residence that is on the line of travel or within one-half mile of the route and has a passable road leading to it. Special service mail must be delivered to the addressee or an authorized agent. A customer may arrange for redelivery by completing PS Form 3849, *Delivery Notice/Reminder/Receipt*, appropriately and leaving it in the mailbox or by contacting the local Post Office.
- b. PS Form 3883, *Firm Delivery Book-Registered, Certified and Numbered Insured Mail*, may be authorized for use on routes where warranted. (See [252.21d](#) for delivery instructions.)
- c. If payment of charges is due, tell the addressee the name and address of the sender and the amount of the charges to be collected. Do not surrender the mail for examination or any other purpose until all charges due have been paid and a receipt was signed, when required.
- d. If it is necessary to leave a notice, ensure that it contains the required information and shows the location of the delivery unit where the article is being held.

**341.2 Postage Due****341.21 Delivery**

Deliver the article after the customer pays the amount due. Return to the accountable clerk funds for any postage due article found in the mail and delivered while on the route, for which you had not previously signed or paid as provided in [433.1](#).

**341.22 Incomplete Delivery**

Complete and leave PS Form 3849 when delivery cannot be made. This includes any postage due article found in the mail while on the route, for which you had not previously signed or paid. Endorse the article with the date and your initials and return it to the Post Office. If, at your discretion, you elect to leave the article for the customer, attach PS Form 4245, *Carrier's Statement*. In such cases, you are responsible for the amount of postage due. You are accountable for the total amount due for all articles for which you sign a PS Form 3584, *Postage Due Log*, and for articles found while on the route. You may make a reasonable effort at a future date to collect the amount due from the customer.

**341.3 CODs****341.31 Acceptance**

- a. Customers may present COD articles to rural carriers for mailing with either postage and fees affixed or by paying cash for the required postage and fees. If customers desire additional insurance coverage greater than the COD amount to be collected, they must indicate how much additional insurance they want.
- b. Issue PS Form 1096, *Cash Receipt*, (see [Exhibit 341.31a](#)) endorsed *Temporary* to show the amount of money received for postage and fees and the name of the Post Office of destination. Take the articles to the Post Office, affix stamps to cover the postage and fees, and deliver the mailer's receipt portion of PS Form 3816, *COD Mailing and Delivery Receipt*, on the next delivery day (see [Exhibit 341.31b](#)).
- c. Customers at nonpersonnel units must meet the rural carrier at the unit for COD services (see DMM, 914.422).

**341.32 Delivery**

- a. If addressees indicate that they will pay for the COD parcel, detach the COD tag (PS Form 3816) and have the customers sign it in the space provided.
- b. Deliver the parcel after you have received all funds and the customer has signed PS Form 3816. If there is a difference between the amount of the charges shown on the tag and the amount of the package, collect the higher amount. If the money order fee is not correctly stated on the tag, correct the fee and report the error to your postmaster or supervisor.
- c. Complete the PS Form 3816 showing the date of delivery and your initials, and return it with funds to the Post Office (see [Exhibit 341.31b](#)).

- d. Complete and leave a PS Form 3849 when you cannot make a delivery. Endorse the article with the reason for nondelivery, write the date and your initials on the article, and return it with the tag intact to the Post Office.

#### 341.4 **Registered Mail**

##### 341.41 **Acceptance**

- a. Customers may register an article by paying the required postage and fees.
- b. Issue the customer a receipt on PS Form 3896, *Receipt for Registered Article*. Prepare the receipt in duplicate and give the carbon copy to the customer. Return the original PS Form 3896, the stub from the carbon copy, and the article to be registered to the Post Office (see [Exhibit 341.41b](#)).
- c. Keep registered mail accepted on the route separate from ordinary mail collected.

##### 341.42 **Delivery**

- a. Deliver registered articles to anyone authorized to receive mail for the addressee. This person must sign PS Form 3849 before you may deliver the article. Require identification if the customer is unknown.
- b. Articles that are not endorsed *Restricted Delivery* may be delivered to a competent member of the family, an agent, or to the person designated on the PS Form 3801-A, *Agreement by a Hotel, Apartment House, or the Like*, used to authorize delivery to a central point (i.e., a hotel, motel, trailer park, etc.) or PS Form 3801, *Standing Delivery Order*.
- c. Deliver articles endorsed *Restricted Delivery* to addressee, or to an agent the addressee authorizes, in writing, to receive the restricted delivery mail. PS Form 3849, or a letter from the addressee, can be used for this authorization.
- d. When a person other than the addressee signs for an article, the person must enter his or her own name on line headed *Received By*.
- e. Complete PS Form 3849 to show the date of delivery and your signature (see [Exhibit 253.21](#)).
- f. PS Form 3883 may be authorized for use on *L* routes, where warranted. (See [252.21d](#) for delivery instructions.)

##### 341.43 **Incomplete Delivery**

Complete and leave PS Form 3849 when delivery cannot be made. Endorse the article with the date and your initials. Return the article to the Post Office.

##### 341.44 **PS Form 3811**

- a. Have the person receiving the article sign PS Form 3811, *Domestic Return Receipt*, when this form is attached, or when the article is endorsed *Return Receipt Requested*. In the space provided, enter the date of delivery and ensure that the address side of the form is complete. If the article is delivered to a person other than the addressee, verify that the addressee's name and address were

entered, and the signature and date of delivery blocks are complete (see [Exhibit 341.44a](#)).

- b. If the article is endorsed *Return Receipt Requested-Showing Address Where Delivered*, enter the address where the article was delivered.

### 341.5 **Certified Mail**

#### 341.51 **Acceptance**

- a. After they have paid all postage and fees, issue customers presenting mail for certification a receipt on PS Form 3800, *Receipt for Certified Mail* (see [Exhibit 341.51a](#)).
- b. If a customer requests a postmarked receipt, deliver it on the next trip.

#### 341.52 **Delivery**

- a. Deliver certified articles to anyone authorized to receive mail for the addressee. This person must sign PS Form 3849 before you may deliver the article. Require identification if the customer is unknown.
- b. Articles not endorsed *Restricted Delivery* may be delivered to a competent member of the family, an agent, or to the person designated on the PS Form 3801-A used to authorize delivery to a central point (i.e., a hotel, motel, trailer park, etc.) or PS Form 3801.
- c. Deliver articles endorsed *Restricted Delivery* to addressee or to an agent the addressee authorizes, in writing, to receive the restricted delivery mail. PS Form 3849 or a letter from the addressee may be used for this authorization.
- d. When persons other than the addressee sign for an article, they must enter their own name on the line headed *Received By*.
- e. Complete PS Form 3849 showing the date of delivery and your signature (see [Exhibit 253.21](#)).
- f. PS Form 3883, *Firm Delivery Book-Registered, Certified and Numbered Insured Mail*, may be authorized for use on L routes where warranted. (See [252.21d](#) for delivery instructions.)

#### 341.53 **Incomplete Delivery**

Complete and leave PS Form 3849 when delivery cannot be made. Endorse the article with the date and your initials. Return the article to the Post Office.

#### 341.54 **PS Form 3811**

- a. Have the person receiving the article sign PS Form 3811 when this form is attached or when the article is endorsed *Return Receipt Requested*. Enter the date of delivery in the space provided and ensure that the address side of the form is complete. If the article is delivered to a person other than the addressee, verify that the addressee's name and address were entered, and the signature and date of delivery blocks are complete (see [Exhibit 341.44a](#)).
- b. If the article is endorsed *Return Receipt Requested-Showing Address Where Delivered*, enter the address where the article was delivered.

**341.6 Insured Mail****341.61 Acceptance**

- a. Customers may obtain insurance for an article by paying the required postage and fees.
- b. Issue PS Form 1096 endorsed *Temporary* to show the amount of money received for postage and fees and the name of the Post Office of destination. Take the mail to the Post Office, affix stamps to cover the postage and fees, and deliver a completed insurance receipt on the next trip. Using PS Form 4245 (see [Exhibit 341.61b](#)), return to the customer any excess money collected.

**341.62 Delivery**

Unnumbered insured parcels are delivered as ordinary parcels (see [33](#)).

Deliver numbered insured articles to anyone authorized to receive mail for the addressee. This person must sign PS Form 3849 before you may deliver the article. Require identification if the customer is unknown.

**341.7 Special Delivery****341.71 Acceptance**

Customers may send articles as special delivery by paying the required postage and fees.

**341.72 Delivery**

- a. Deliver as outlined in [341.12a](#)
- b. When delivery is attempted at a residence or place of business but cannot be made, leave the special delivery article in the mailbox and leave a notice of attempted delivery on PS Form 3849 at the residence or place of business.

**341.73 Return of Article**

If the article is too large for the box or is accountable, complete and leave PS Form 3849 when delivery cannot be made. Endorse the article with the date and your initials. Return the article to the Post Office.

**341.8 Customs Duty Mail****341.81 Acceptance**

Collect duty (amount shown on Customs Form 3419, *Mail Entry*) plus the postage due indicated on the parcel.

**341.82 Delivery**

Have the addressee sign on the bottom line of the original Customs Form 3419. Sign the duplicate Customs Form 3419, and deliver it with the parcel to the addressee. Return to the Post Office the original Customs Form 3419 and all funds collected.

**341.83 Incomplete Delivery**

When, for any reason, delivery cannot be made, complete and leave PS Form 3849. Endorse the article with the date and your initials. Return the

article with both copies of Customs Form 3419 to the Post Office (see [Exhibit 341.83](#)).

### 341.9 **Delivery Confirmation**

#### 341.91 **Acceptance**

- a. Customers may obtain delivery confirmation by paying the required postage and fees.
- b. If a customer requests a postmarked receipt, deliver it on the next trip.

#### 341.92 **Delivery**

- a. When delivery can be made, delivery confirmation items should be delivered in accordance with procedures outlined in sections [281.21](#) and [33](#).
- b. When delivery cannot be made, complete and leave PS Form 3849 for customer notification. See sections [281.22](#) and [33](#).

## 342 **Express Mail**

#### 342.1 **Acceptance**

Express Mail may be accepted for mailing provided the customer prepays the required postage and fees.

#### 342.2 **Delivery**

#### 342.21 **Dismount Delivery**

- a. All Express Mail must be delivered to the residence or business. Try to get the customer to come to the vehicle by sounding the horn or by giving some other signal. If there is no response, or if the customer requests you do so, dismount to deliver to any residence or business that is on the line of travel or within one-half mile of the route and has a passable road leading to it.
- b. In order to meet required delivery times, management may require a carrier, during the course of normal delivery of the route, to deviate from the established line of travel to deliver Express Mail and will provide additional compensation as appropriate.

However, a carrier who traverses both sides of a roadway is expected to deliver Express Mail to a residence or business on the opposite side of the roadway in order to meet an established delivery time when it is anticipated that the carrier will not traverse the opposite side of the road until after the required delivery time for the Express Mail piece. In those circumstances where divided highways, limited access roads, hazardous conditions, or other unusual situations exist that may encumber delivery to the opposite side of the roadway, management may require the carrier to deviate and the carrier will receive additional compensation as appropriate.

- c. Regular rural carriers (covered under the Fair Labor Standards Act (FLSA) Section 7(b)(2)) or leave replacements (when compensated on the evaluation of a regular or auxiliary route served and when actual hours do not exceed 40 hours for the week) will be compensated at

2 minutes for each mile required for the deviation from the established line of travel. Rural carriers serving a regular or an auxiliary route that do not have an assigned employer-provided vehicle, will receive an Equipment Maintenance Allowance (EMA) for each mile the carrier is required to deviate when the total miles (route mileage and deviation(s)) for the day exceed 40 miles. During the Christmas period, regular rural carriers, as noted above, will not receive additional compensation for these deviations.

#### 342.22 **Signature**

Use PS Form 3849, *Delivery Notice/Reminder/Receipt*, to capture the customer signature for Express Mail items. If the waiver of signature option has been requested and the shipment can be delivered to the addressee's mail receptacle or left in another secure location, follow the handheld scanner waiver of signature procedures, capturing the delivery employee's signature image as instructed.

#### 342.23 **Complete Delivery**

Utilizing the handheld scanner, scan the Express Mail barcode and enter other appropriate information including the recipient's first initial and last name.

#### 342.24 **Incomplete Delivery**

Complete and leave PS Form 3849 when delivery cannot be made. Utilizing the handheld scanner, follow procedures for non-deliverable mailpieces as prescribed in section [281.22](#). Return the article to the Post Office.

## 35 Collecting Mail

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### 351 **Types of Mail Collected**

Accept any mailable matter from customers provided they fully prepay the postage or furnish funds equal to the required postage.

### 352 **Collecting from Rural Boxes**

#### 352.1 **Signal Flags**

Open all boxes when the signal flag is raised indicating it may contain mail for collection. After collecting the articles, lower the flag and review the mail collected for PS Form 3227-R, *Stamp Purchase Order*, notes, or other nonmailable matter. Do not raise the flag or operate any other signal device to indicate mail has been delivered. Also, check all cluster box unit (CBU) collection compartments daily.

#### 352.2 **Affixing Postage**

During the month of December, you are not required to affix stamps to letter mail and greeting cards placed in a rural box for collection. During the remainder of the year, make every effort to urge rural customers to affix stamps to letter mail. You are not required to affix stamps to more than a

reasonable number of pieces of letter-size mail from a box. If a customer continually leaves an unreasonable number of articles in the box requiring you to affix postage, report it to your postmaster or supervisor.

#### 352.3 **Insufficient Postage or Identity Unknown**

When mail customers leave mail in the box with no postage paid or without sufficient funds for postage and the identity of the sender is known, place a note in the box stating you cannot collect the mail until they pay the necessary postage. If you do not know the identity of the sender, take the articles to the Post Office for handling in accordance with DMM 146.12.

#### 352.4 **Mailable Matter Not Bearing Postage**

When you find mailable matter in a box without postage paid addressed to, or intended for, the person in whose box it is deposited, take the matter to the Post Office for treatment in accordance with DMM 146.22. If general distribution of the same bill, circular, or other matter was made on the route, return two samples to your postmaster or supervisor with a statement of the number of similar pieces without postage you observed in boxes on the route.

### 353 **Collecting from Collection Boxes**

Collect mail from collection boxes or other collection points designated on PS Form 4003 (see [Exhibit 132.2](#)).

## 36 Money Orders

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#### 361 **Application**

The customer obtains PS Form 6387, *Rural Money Order Transaction*, from you and completes it (see [Exhibit 361](#)). **Note:** In order to minimize your waiting time on the route, you may give money order customers a supply of PS Form 6387 in advance.

#### 362 **Customer's Receipt**

##### 362.1 **Issue Receipt**

When you receive the completed application, money, and fee, issue the customer's receipt section of PS Form 6387 (see [Exhibit 361](#)).

##### 362.2 **Give One Receipt**

Give only one receipt to a customer regardless of the number of applications. Show the total number of applications on the carrier's receipt section of PS Form 6387. If you cannot make correct change, show the amount due the customer.

#### 363 **Preparing the Money Order**

Return the application, money, and fees to the Post Office. The money order clerk prepares the money order.

**364 Carrier's Receipt**

The money order clerk completes the carrier's receipt section of PS Form 6387 to acknowledge having received funds from you. Retain this portion as your record (see [Exhibit 361](#)).

**365 Delivery**

Deliver the money order application and the money order to the customer on the next delivery trip. If the customer furnished a stamped-addressed envelope at the time of application, the money order clerk mails the money order, and the carrier delivers the application and the money order voucher on the next delivery trip.

## 37 Other Services Performed by Carrier

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**371 Intermediate Post Offices****371.1 Definition**

An intermediate Post Office is any Post Office located on the official line of travel on the rural route, included in the official route description, at which the carrier stops (daily) to perform service.

**371.2 Servicing Intermediate Post Offices****371.21 Customer Requirements**

Customers of intermediate Post Offices receive rural delivery service if they request the service and erect approved rural mailboxes along the carrier's line of travel.

**371.22 Processing and Delivery**

Stop at intermediate Post Offices to process mail addressed to those offices and to deliver to customers on your route.

**371.23 Holdover in Headout Office**

Hold overnight (in the headout office) any mail that is improperly addressed to an intermediate Post Office intended for customers residing along that part of the route already traveled. Deliver this mail on your next trip. This is not mail forwarding, and no additional postage is required.

**371.3 Transporting Mail to and From Intermediate Post Offices****371.31 Authorization**

When authorized by your postmaster or supervisor, transport mail to and from intermediate Post Offices located along your route.

**371.32 Protection**

Carefully protect all pouches that you transport to and from intermediate Post Offices. Do not open or close these pouches, or handle the mail to be pouched, or retain keys or locks for these pouches.

**371.4 Nondelivery to Intermediate Post Offices**

If you are unable to make a scheduled delivery of mail to an intermediate Post Office, return the mail to the office where your route begins and report the reasons for nondelivery to your postmaster or supervisor.

**372 Nonpersonnel Rural Units****372.1 Servicing Nonpersonnel Rural Units****372.11 Be Available**

Service nonpersonnel rural units each delivery day and remain at each unit at least 15 minutes to permit customers to transact postal business as required.

**372.12 Collect Mail**

Collect all mail deposited in the letter drop each day you service the unit.

**372.13 Check Supplies Daily**

Check each day to see if:

- a. An adequate supply of money order applications is available.
- b. A usable ballpoint pen is attached to the chain provided for this purpose.

**372.14 Store Supplies**

Store supplies in the compartment above the customers' boxes provided for this purpose.

**372.15 Report Malfunctioning**

As soon as you return to the office, report to your postmaster or supervisor any malfunctioning of the unit, including the vending machine.

**372.2 Delivering Oversized Parcels**

If a customer has selected an alternate delivery location for parcels on PS Form 4232, *Rural Customer Delivery Instructions*, you may leave parcels as authorized if the parcels are too large for the parcel post delivery boxes and do not require receipts (see [331.22](#)).

**372.3 Servicing Vending Equipment****372.31 Stamp Stock Credit**

If you service a nonpersonnel unit equipped with a vending machine, you will be issued sufficient stamp stock credit to properly service the vending machine in addition to the normal fixed credit.

**372.32 Vending Machine Readings**

At least once each accounting period, remove from the vending machine all accumulated funds. Take the readings on the counters (if the machine is so equipped) each time you remove postage funds from the vending machine. When you return to your office, record the counter readings by denomination on the reverse of PS Form 4240.

**372.33 Trust Fund Account**

All postal revenue removed from the vending machine is credited to a trust fund account established by your postmaster or supervisor. Your postmaster or supervisor gives you a receipt for all deposits to the trust fund account on PS Form 3544, *Post Office Receipt for Money*. Retain these receipts with your fixed credit to keep the credit in balance.

**372.34 Stamp Requisition**

Use PS Form 17, *Stamp Requisition*, to purchase additional stamp stock supplies to replenish the vending machine. Withdraw the necessary funds from the trust fund account.

**372.35 Consigned Credit Receipt**

Only one PS Form 3369, *Consigned Credit Receipt*, is obtained from a rural carrier servicing a nonpersonnel rural unit. However, the additional credit for the vending machine is identified separately on the consigned credit receipt.

**372.36 Shortages**

You are accountable for shortages in fixed or vending credits in accordance with Article 28 of the USPS-NRLCA National Agreement.

**372.4 Transferring Accountability****372.41 Between Rural Routes**

When a transfer of territory between rural routes requires the responsibility for a nonpersonnel rural unit to be transferred from one rural carrier to another, both the carriers and the postmaster or supervisor must make a complete inventory of the vending machine.

**372.42 Between Rural and Leave Replacement Carrier**

- a. When a leave replacement carrier serves the rural route for a short period of time and the vending machine inventory is adequate, the leave replacement is not assigned the key to the cylinder type inner lock on the vending machine.
- b. When a leave replacement carrier serves a rural route for an extended period of time and it is likely that it will be necessary to replenish the machine's inventory during that time, the regular and leave replacement carrier must verify the vending machine credit before the regular carrier goes on extended leave, and again when the regular carrier returns. In emergencies, the postmaster or supervisor, and either the regular carrier or leave replacement, may make the required verification.

## 38 Stamps Purchase Order

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### 381 General

As a courtesy to your customers, you may give them a PS Form 3227-R to purchase stamps. Rural customers can purchase a variety of stamps and postal products by using this form. The form provides clear instructions in a simplified format to assist you with financial recordkeeping. Also, the size and construction of the form make processing it easy when filling customer orders.

### 382 Application

Provide the customer with PS Form 3227-R (see [Exhibit 382](#)). In order to minimize waiting time on the route, you may provide this form to your customers in advance.

### 383 Receipt

When you receive a PS Form 3227-R from a customer, fill the request immediately, if possible. If the customer requests items you do not have, separate the form from your collection mail and fill the request when you return to the office.

### 384 Security

Take necessary protective measures to provide adequate security for all funds and stamp stock items in your possession.

### 385 Delivery

Deliver stamp products to the customer as soon as you receive the request, or on your next delivery.

Exhibit 341.31a  
**PS Form 1096, Cash Receipt**

<b>CASH RECEIPT</b>	
Received From <i>J. YOCHIM</i>	
Amount (Written Out) <b>TEMPORARY</b>	Amount (In Numbers) /100 Dollars      \$ <b>5.00</b>
Purpose <i>C. O. D (\$47.00)</i>	
<b>SANDSTON, VA 23150</b>	
By (Signature and Title) <i>C. Adams Rural carrier</i>	Date <b>6-18-90</b>
PS Form 1096, November 1987	
©U.S. GPO: 1989-242-531/92069	

Exhibit 341.31b  
**PS Form 3816, COD Mailing and Delivery Receipt**

C.O.D. NO. <b>15621</b>																	
SENDER'S RECEIPT Articles accepted by P.M. (Per)																	
MAILING OFFICE POSTMARK																	
TO <b>RUSSELL SEAY</b> City, State and Zip Code <b>SANDSTON, VA 23150</b>																	
DUE SENDER <table border="1"> <tr> <td>Dollars <b>47</b></td> <td>Cents <b>00</b></td> <td>C.O.D. Fee <b>2.50</b></td> <td>Postage <b>2.40</b></td> </tr> <tr> <td colspan="2">Special Delivery Fee</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Special Handling Fee</td> <td colspan="2"></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Express Mail</td> <td colspan="2"></td> </tr> </table>		Dollars <b>47</b>	Cents <b>00</b>	C.O.D. Fee <b>2.50</b>	Postage <b>2.40</b>	Special Delivery Fee				Special Handling Fee				<input type="checkbox"/> Express Mail			
Dollars <b>47</b>	Cents <b>00</b>	C.O.D. Fee <b>2.50</b>	Postage <b>2.40</b>														
Special Delivery Fee																	
Special Handling Fee																	
<input type="checkbox"/> Express Mail																	
MAILER'S RECEIPT																	
CUT HERE																	
<b>Thank You for using C O D Service</b> Received the article described on the front of this tag. <i>RUSSELL SEAY</i> (Signature of person receiving article)																	
Date <b>6-19-90</b> Delivered by <b>CA</b>																	
Instructions to Delivery Office: <b>ADDRESSEE MAY NOT EXAMINE CONTENTS OF C. O. D.</b> <b>PACKAGE BEFORE DELIVERY</b> <b>DO NOT collect M.O. Fee if paid by check payable to the mailer.</b> <b>Otherwise, issue money order for amount of charges (not to include</b> <b>money order fee).</b> <b>Enter name of addressee as remitter on the money order.</b> <b>Insert C.O.D. article number on money order or check.</b> <b>Attach customer receipt portion of M.O. to this tag or</b> <b>enter check information below.</b>																	
Check Number	Date check sent to mailer																

Exhibit 341.41b

**PS Form 3896, Receipt for Registered Article**

RECEIPT FOR REGISTERED ARTICLE			No. <i>141</i>
Mailed At (Post Office) <i>GAINESVILLE, FL</i>		Date <i>6-29-90</i>	
Fee Paid <i>.40</i>	Postage Paid <i>.25</i>	Declared Value <i>0</i>	Handling Chg.
Restr. Del Fee	Return Rec Fee	Special Del Fee	<input type="checkbox"/> With Postal Insurance <input type="checkbox"/> Without Postal Insurance \$25,000 Domestic Limit
From (Name and Address) <i>S. Riddle</i> <i>2024 HUMMINGBIRD RD. GAINESVILLE, FL</i>			
Addressed To (Name and Address) <i>C. PERRON</i> <i>600-D OAK ST.</i> <i>GAINESVILLE, FL 32602</i>			
Received For Postage and Fees \$	For Postmaster (Signature of Carrier)		

PS Form 3896, Apr. 1982

Exhibit 341.44a

**PS Form 3811, Domestic Return Receipt**

<b>Is your RETURN ADDRESS completed on the reverse side?</b>	<b>SENDER:</b> Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.	
	1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.    2. <input type="checkbox"/> Restricted Delivery (Extra charge)	
	3. Article Addressed to: <i>C. PERRON</i> <i>600-D OAK ST.</i> <i>GAINESVILLE, FL</i> <i>32602</i>	
	4. Article Number <i>R-141</i>	
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
	Always obtain signature of addressee or agent and DATE DELIVERED.	
	5. Signature — Address <i>C. PERRON</i>	
	6. Signature — Agent <i>X</i>	
7. Date of Delivery <i>7-2-90</i>		
8. Addressee's Address (ONLY if requested and fee paid)		

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

*Thank you for using  
Return Receipt Service.*

Exhibit 341.51a  
**PS Form 3800, Receipt for Certified Mail**

P 894 735 852	
 <b>Certified Mail Receipt</b>	
No Insurance Coverage Provided Do not use for International Mail (See Reverse)	
Sent to <i>HEATHER Adams</i>	
Street & No. <i>P. O. Box 2000</i>	
P.O., State & ZIP Code <i>SOMIS, CA 93066</i>	
Postage	\$ .85
Certified Fee	.85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	.90
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	<b>\$2.60</b>
Postmark or Date <i>June 20, 1990</i>	
Fold at line over top of envelope to the right of the return address.	
<b>CERTIFIED</b>	
P 894 735 852	
<b>MAIL</b>	

PS Form 3800, June 1990

Exhibit 341.61b

**PS Form 1096, Cash Receipt, and PS Form 4245, Carrier's Statement**

<b>CASH RECEIPT</b>	
Received From <i>Lili Riddle</i>	
Amount (Written Out) <i>TEMPORARY</i>	Amount (In Numbers) /100 Dollars      \$      6.00
Purpose <i>INSURED MAIL (\$150.00)</i>	
By (Signature and Title) <i>C Adams</i>	Date 6-20-90
PS Form 1096, November 1987      *U.S. GPO: 1989-242-531/92069	

CARRIER'S STATEMENT	
<b>M LILI RIDDLE</b>	
The following is a statement of the amount required for each of the items indicated and if there is any part that you do not understand please call it to my attention.	
Money Order	
Money Order Fee	
Postage on Letter	
Postage on Package	2.40
Insurance Fee on Package	1.90
Register Fee	
C.O.D. Fee	
Certified Fee	.90
Postage Due Mail	
Total Amount Required	5.20
Amount Received	6.00
Balance Due the Customer	.80
Balance Due the Carrier	--
If there is a balance due you, the amount will be found in this envelope. If there is a balance due the carrier, please enclose it in this envelope and leave it in the box. Thank you.	
Carrier <i>C. Adams</i>	
Post Office <i>GAINESVILLE - FL 32602</i>	ZIP + 4 Code
PS Form 4245, Mar. 1988      (Discard previous editions)	

Exhibit 341.83

**Customs Form 3419, Mail Entry**

DESCRIPTION/ITEM NO. OF MERCHANDISE				VALUE	RATE	AMOUNT
<b>Customs Processing Fee (Pub. L. 99-272)</b>						
MAIL ENTRY NO.	0000000	DATE	POSTMASTER COLLECT \$			
BY	NAME					
REG. NO.	STREET					
NO. OF PACKAGES	CITY-STATE-ZIP CODE					
COUNTRY	SENDER	ABOVE ARTICLES RECEIVED				DATE
<small>U.S. GOVERNMENT PRINTING OFFICE: 1990-745-855 Customs Form 3419 (042386) Department of the Treasury U.S. Customs Service</small>						
<small>USE BALL POINT PEN, USE HARD SURFACE, PRESS HARD FOR LEGIBILITY ON CARD COPY.</small>						

**MAIL ENTRY (Original)**

**ISSUING PORT:** Atlanta, GA 30354  
**U.S. Customs Service**  
**703 Doug Davis Drive**

**PURCHASED:** Return this form with remittance to Regional Commissioner of Customs, Attn: Financial Management Division, 6 World Trade Center, New York, New York 10048. SEE REVERSE FOR PROTESTED OR UNDELIVERABLE PARCELS.

**INSTRUCTIONS TO POSTMASTER**

1. The postmaster shall, before delivering the parcel, collect the total amount assessed, sign and deliver the receipt to the addressee, and secure his signature on the original copy of the entry.
2. If the addressee is dissatisfied with the amounts assessed, he may: (a) Refuse the shipment pending review by the issuing customs port shown on the reverse side. The Postmaster will then return to the issuing port a letter of protest from the addressee stating his objections, all copies of this form, and any documentation to support claims; e.g., invoices, cancelled checks, etc., in addition to PS Form 2937 Part 822.233 International Mail, Publication 42. The Postmaster will also retain custody of the shipment until advice is received from the issuing port; or if the addressee is located in the vicinity of one of the customs ports listed in Part 821.62 International Mail, Publication 42, if the addressee so elects, the package and other documents may be delivered to the local customs office for consideration of the protest; or, (b) The addressee may take delivery of the shipment by paying the duty and protesting (within 90 days of delivery) directly to the issuing port, including with his letter of protest the addressee receipt portion of Customs Form 3419 or a copy and any documentation to support his claim.
3. When money is collected, the original of the mail entry together with the amount collected shall be treated as set forth in Handbook F-1.
4. Shipments accompanied by a Declaration for Free Entry, in addition to the mail entry (Customs Form 3419), may be released to the addressee without the collection of the assessed duty if the addressee executes and signs the Declaration for Free Entry. The original and receipt copies of the mail entry (Customs Form 3419) together with the Declaration for Free Entry, shall be sent to the Regional Commissioner of Customs, Attention: Financial Management Division, 6 World Trade Center, New York, New York 10048.
5. Undeliverable parcels shall be disposed of as provided in Part 7G2 International Mail, Publication 42, and Part 145, Customs Regulations. If further instructions are desired, they should be obtained from the Mail Classification Division, Finance Department, U.S. Postal Service, Washington, D.C. 20260.

Exhibit 361

## PS Form 6387, Rural Money Order Transaction

 <b>Rural Money Order Transaction Application</b> <p>CUSTOMER: Complete this part only.</p> <p><input type="checkbox"/> Check if you want the Post Office to mail the money order (MO). If so, complete "Pay To" &amp; "From" sections &amp; give your carrier a stamped, addressed envelope. Otherwise, carrier will deliver money order to you. AVOID THEFT: DO NOT PUT MONEY IN YOUR MAILBOX. GIVE IT TO YOUR LETTER CARRIER.</p> <table border="1"> <tr> <td colspan="2">Amount of Money Order</td> <td>\$ 100 . 00</td> </tr> <tr> <td rowspan="2">Fee</td> <td>Up to \$35</td> <td>\$35.01-700</td> </tr> <tr> <td>\$ .75</td> <td>\$1.00</td> </tr> <tr> <td colspan="3">Pay Carrier Total Amount of MO &amp; Fee \$ 101 . 00</td> </tr> <tr> <td colspan="3">           Pay To            Name <i>J. Yochim</i>            Mailing Address (No., Street, City, State, ZIP)  <i>2219 TWIN PINE LN.</i>  <i>GAINESVILLE, FL 32602</i> </td> </tr> <tr> <td colspan="3">           From            Name <i>M. CARRUTH</i>            Mailing Address (No., Street, City, State, ZIP)  <i>36-A PINE TREE LN.</i>  <i>GAINESVILLE, FL 32602</i> </td> </tr> </table> <p>PS Form 6387, December 1988 *U.S.GPO:1989-O-244-161</p>			Amount of Money Order		\$ 100 . 00	Fee	Up to \$35	\$35.01-700	\$ .75	\$1.00	Pay Carrier Total Amount of MO & Fee \$ 101 . 00			Pay To Name <i>J. Yochim</i> Mailing Address (No., Street, City, State, ZIP) <i>2219 TWIN PINE LN.</i> <i>GAINESVILLE, FL 32602</i>			From Name <i>M. CARRUTH</i> Mailing Address (No., Street, City, State, ZIP) <i>36-A PINE TREE LN.</i> <i>GAINESVILLE, FL 32602</i>			 <b>Rural Money Order Transaction Customer Receipt</b> <p>CARRIER: Complete for money received.</p> <p>Money Received From  <i>M. CARRUTH</i></p> <table border="1"> <tr> <td>Amount Received</td> <td>\$ 101 . 00</td> </tr> <tr> <td>Total Amount for MO &amp; Fee</td> <td>\$ 101 . 00</td> </tr> <tr> <td>Difference Due</td> <td>\$ -8 .</td> </tr> </table> <p>Signature of Carrier  <i>C. Adams</i>            Date Signed  <i>6-28-90</i></p> <p>Only one receipt is given for all applications submitted on the same day.            Retain &amp; show this receipt in case of inquiry.</p> <p>Detached From            PS Form 6387, December 1988</p>	Amount Received	\$ 101 . 00	Total Amount for MO & Fee	\$ 101 . 00	Difference Due	\$ -8 .	 <b>Rural Money Order Transaction Carrier Receipt</b> <p>ISSUING OFFICE: This certifies that I have received the dollar amount below to issue the number of money orders indicated.</p> <table border="1"> <tr> <td>Amount Received</td> <td>\$ 101 . 00</td> </tr> <tr> <td>Total Amount for MO &amp; Fee</td> <td>\$ 101 . 00</td> </tr> <tr> <td>Difference Due</td> <td>\$ -8 .</td> </tr> </table> <p>Signature of Accepting Employee  <i>L. Resale</i>            Date Signed  <i>6-28-90</i></p> <p>ACCEPTING EMPLOYEE:            Return this receipt to carrier.            CARRIER:            File this receipt.</p> <p>Detached From            PS Form 6387, December 1988</p>	Amount Received	\$ 101 . 00	Total Amount for MO & Fee	\$ 101 . 00	Difference Due	\$ -8 .
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Difference Due	\$ -8 .																																

Exhibit 382

**PS Form 3227-R, Stamp Purchase Order**

<p><b>Dear Customer:</b></p> <p>This envelope is provided, in conjunction with the U.S. Postal Service and the National Rural Letter Carriers' Association National Joint Steering Committee on the Quality of Working Life/Employee Involvement Process, to make it convenient for you to purchase stamps and other postal products.</p> <p>Please complete the order form on the right, seal the envelope and place it in your mailbox for your carrier to fill. Just enclose cash, check or money order, payable to "Postmaster," for the total cost of your order.</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ ZIP + 4 _____</p> <p>Please seal and leave the envelope in your mailbox with your flag up.</p> <p>Your Postmaster</p> <p>P.S. Please assist your carrier by affixing stamps to cards and letters before placing in your mailbox for collection.</p> <p>PS Form 3227-R, January 1991</p>	<p style="text-align: center;"><b>Order Form</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Items</th> <th style="text-align: left;">Cost</th> <th style="text-align: left;">Qty.</th> <th style="text-align: left;">Cost of Order</th> </tr> </thead> <tbody> <tr> <td>Roll of 100 29¢ stamps</td> <td style="text-align: right;">\$29.00</td> <td></td> <td></td> </tr> <tr> <td>1 Book of 10 29¢ stamps</td> <td style="text-align: right;">\$ 2.90</td> <td></td> <td></td> </tr> <tr> <td>1 Book of 20 29¢ stamps</td> <td style="text-align: right;">\$ 5.80</td> <td></td> <td></td> </tr> <tr> <td>34¢ stamped envelopes</td> <td style="text-align: right;">\$ .34</td> <td></td> <td></td> </tr> <tr> <td>Individual 29¢ stamps</td> <td style="text-align: right;">\$ .29</td> <td></td> <td></td> </tr> <tr> <td>Stamps for post cards</td> <td style="text-align: right;">\$ .19</td> <td></td> <td></td> </tr> <tr> <td>Individual 19¢ postal card</td> <td style="text-align: right;">\$ .19</td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">Total \$</td> <td></td> </tr> </tbody> </table>	Items	Cost	Qty.	Cost of Order	Roll of 100 29¢ stamps	\$29.00			1 Book of 10 29¢ stamps	\$ 2.90			1 Book of 20 29¢ stamps	\$ 5.80			34¢ stamped envelopes	\$ .34			Individual 29¢ stamps	\$ .29			Stamps for post cards	\$ .19			Individual 19¢ postal card	\$ .19			Other						Total \$	
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<h2>RURAL OR HIGHWAY CONTRACT ROUTE CARRIER</h2> <h2>STAMP PURCHASE ORDER</h2>																																									
<p><b>We Aim for Service!</b></p> <p>Need stamps, envelopes or postal cards? We have them for sale.</p> <p>Need to send something overnight? We have Express Mail information for you.</p> <p>Need to send a package? We'll send it for you!</p> <p>Want to buy a money order? Ask for a money order application.</p> <p>Plan to move? Ask for a change of address card.</p> <p>Going on vacation? We'll be glad to hold your mail.</p> <p>Not certain about the amount of postage? Ask about our rates.</p>	<p><b>For better service, please</b></p> <ul style="list-style-type: none"> <li>• Affix stamps to your outgoing mail</li> <li>• Have a level, sturdy box at the right height for your mail carrier</li> <li>• Display your correct box or house number on the carrier approach side of your mailbox</li> <li>• Be sure the approach to your box is clear at all times</li> </ul> <p style="text-align: center;">Thank You! Your Mail Carrier</p>																																								
<small>PS Form 3227-R, January 1991 (Reverse)</small>																																									

# 4 Office Work After Return From Route

## 41 Use of PS Form 4240

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### 411 Time Entries

#### 411.1 Record Return Time

As soon as you return to the office, enter the time, in ink, in column 4 of PS Form 4240, *Rural Carrier Trip Report* (see [Exhibit 411.1](#)).

#### 411.2 Record Lunch Break

At this time, also record in column 6, in ink, the total lunch time. If no lunch time was used, leave this column blank.

### 412 Route Entries

In the *Remarks* column, explain any failure to serve the entire route, include miles actually served, and state the reason for any deviation from schedule. Notify your postmaster or supervisor immediately about these failures.

### 413 Vending Equipment Entries

On the reverse of PS Form 4240, record vending machine readings from nonpersonnel rural units (see [372.32](#)).

### 414 Route Change Entries

As they occur, record on the reverse of PS Form 4240 route changes (addition of new boxes not previously served or deletion of boxes) and other required delivery data. At the end of the accounting period, the net change is added to or subtracted from the total number of boxes on the route (vacant boxes are deleted after 90 days). During the accounting period, if a sufficient number of boxes are added to or subtracted from a route to trigger a change in the route's evaluation, the postmaster or supervisor promptly completes PS Form 4003, *Official Rural Route Description*, to adjust the compensation.

## 42 Disposition of Mail Collected/Accepted on Route

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### 421 Ordinary Mail

#### 421.1 Affixing Postage

Affix stamps on all unstamped mail for which the customer has left a sufficient amount of funds.

#### 421.2 Facing and Depositing

Face and deposit mail in the location designated by your postmaster or supervisor. Facing of mail may not be required in those offices where area mail processing is in operation.

#### 421.3 Undeliverable Ordinary Mail Returned From the Route

Case or dispose of all mail which you were unable to deliver on the route in accordance with handling procedures required for the class and type of mail.

### 422 Special Service Mail

#### 422.1 Registered Mail

##### 422.11 PS Form 3896

Give the postmaster or supervisor, or designee, PS Forms 3896, *Receipt for Registered Article*; the articles to be registered; and the funds for postage and fees.

##### 422.12 Clearance Receipt

The clearing employee initials and removes the original of PS Forms 3896 and returns the receipt book as your clearance receipt.

#### 422.2 Certified Mail

Deposit certified mail with outgoing mail, or in a designated location, as directed by your postmaster or supervisor.

#### 422.3 Insured Mail

##### 422.31 PS Form 3813

Carriers must issue a receipt on PS Form 3813, *Receipt for Domestic Insured Parcel*, for an article insured for \$50 or less (see [Exhibit 422.31](#)).

##### 422.32 PS Form 3813-P

Carriers must issue a receipt on PS Form 3813-P, *Receipt for Insured Mail-Domestic-International*, for domestic articles insured for more than \$50. Carriers must issue PS Form 3813-P for all international articles regardless of the insured value (see [Exhibit 422.32](#)).

#### 422.4 Special Delivery Mail

Deposit with outgoing mail, or in a designated location, as directed by your postmaster or supervisor.

**422.5 Money Orders****422.51 PS Form 6387**

Give PS Form 6387, *Rural Money Order Transaction*, and all necessary money to the postmaster or supervisor, or designee, for handling (see [36](#)).

**422.52 Carrier's Receipt**

The carrier's receipt portion of PS Form 6387 is your record of and receipt for money remitted. Retain this form for 2 years.

**422.6 Express Mail****422.61 Handling**

Give your postmaster or supervisor, or designee, all articles accepted and the accompanying forms.

**422.7 COD****422.71 Handling**

After affixing stamps to cover postage and fees, give the article and tag to the postmaster or supervisor, or designee, for handling. The clearing employee provides you with the mailer's receipt portion of PS Form 3816, *COD Mailing and Delivery Receipt*. Deliver the mailer's receipt on the next delivery day.

**422.8 Delivery Confirmation Mail**

Give your postmaster, supervisor, or designee, all articles accepted and any accompanying forms and fees.

## 43 Clearance and Disposition of Accountable Items

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**431 Registered, Certified, and Express Mail****431.1 Handling**

Give the postmaster or supervisor, or designee, all of the following for all articles attempted for delivery:

- a. Undeliverable registers.
- b. Certified and Express Mail articles.
- c. PS Forms 3849, *Delivery Notice/Reminder/Receipt*.
- d. PS Forms 3811, *Domestic Return Receipt*.
- e. Labels 11-B, *Express Mail Next Day Service Post Office to Addressee*.

**431.2 Clearance**

The postmaster or supervisor, or designee, clears each item on PS Form 3867, *Registered, Express Mail, COD, Certified, and Return Receipt for Merchandise Matter Received for Delivery* (see [Exhibit 431.2](#)).

**431.3 PS Form 3883**

Where the use of PS Form 3883, *Firm Delivery Book-Registered, Certified and Numbered Insured Mail*, has been authorized, return the original bill (as proof of delivery) and all return receipts for articles listed for clearance.

**431.4 PS Form 3821**

Complete PS Form 3821, *Clearance Receipt*, showing the number of receipts and undeliverable articles returned for clearance. If the form is properly completed, the clearing employee signs and returns it to you. This relieves you of further responsibility for the items (see [Exhibit 431.4](#)).

**432 CODs****432.1 Handling**

Return to the postmaster or supervisor, or designee, all tags and funds for delivered and undelivered COD articles.

**432.2 Clearance**

The postmaster or supervisor, or designee, clears each item on PS Form 3867 (see [Exhibit 252.21c](#)).

**432.3 PS Form 3821 for Delivered Articles**

Complete a separate PS Form 3821 for each COD article delivered. If you completed the form correctly, the clearing employee signs and returns it to you. This relieves you of further responsibility (see [Exhibit 431.4](#)).

**432.4 PS Form 3821 for Articles Not Delivered**

Complete one PS Form 3821 for all CODs not delivered. If you completed the form correctly, the clearing employee signs and returns it to you. This relieves you of further responsibility. **Note:** If a PS Form 3821 was completed for clearance of registered, certified, or Express Mail, include on that form CODs not delivered. Do not complete another PS Form 3821.

**432.5 Retention of Receipts**

Keep all clearance receipts in your locker, or in another secure location, for possible future reference. (The required retention period for this form is 2 years. Filing such items at the case does not provide adequate security and clutters the work area.)

**433 Postage Due****433.1 Collected Funds**

Return to the postmaster or supervisor, or designee, all funds collected on postage due mail and for any undelivered articles.

**433.2 PS Form 3584**

The clearing employee enters the number of articles returned in the *Pieces* column and the amount of postage due remitted in the *Amount* column of PS Form 3584, *Postage Due Log*.

**434    Customs Duty Mail****434.1    Handling**

Return to the postmaster or supervisor, or designee, any undelivered articles, Customs Form 3419, *Mail Entry*, and all funds collected for custom duty mail.

**434.2    PS Form 2944**

After the clearing employee has entered the amount of funds and the number of returned parcels on PS Form 2944, *Receipt for Customs Duty Mail*, verify the entries. Then sign the form on the line opposite the clearing employee's name (see [Exhibit 252.22c](#)).

**434.3    Records**

Place the first copy of PS Form 2944 in the locked receptacle provided. Keep the second copy for 3 months from the last day of issuance.

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**44    Disposition of Signed Forms for Numbered Insured Mail**

Give to the clearing employee PS Form 3849 and PS Form 3811 obtained for numbered insured mail. Where the use of PS Form 3883 has been authorized, return the original bill (as proof of delivery) and all receipts for articles listed.

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**45    Disposition of Undeliverable Ordinary and Insured Parcels**

Verify that the article has been endorsed by dating and initialing it; then place it in the designated location.

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**46    Expedited Preferential Mail (EPM) Delivery System****461    EPM Offices**

In EPM offices, case all available mail unless otherwise directed by your postmaster or supervisor.

## 47 Ending Tour of Duty

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### 471 General

Perform other prescribed rural carrier duties as directed by your postmaster or supervisor, or as required to maintain the case, route book, and card index file in good condition.

### 472 PS Form 4240

Record the actual ending time, in ink, in column 5 on PS Form 4240 (see [Exhibit 472](#)).

## 48 Saturday Clearance

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### 481 Security Pouch and Rotary Lock

At offices that do not schedule clerical employees to work on Saturday afternoons, use the following procedures:

- a. On Saturday morning, the postmaster or supervisor, or designee, issues you or your leave replacement a pouch and rotary lock, recording on your trip report, in ink, the lock and rotary number. You initial the entry as verification. Where rotary locks are not available, the office may implement other suitable security measures prescribed by the field division general manager/postmaster.
- b. After returning from the route, place in the pouch the fixed credit, funds collected, and all accountable items (including undeliverable mail) and lock it with the rotary lock. Place the pouch in a locked and secure place designated by your postmaster or supervisor.
- c. Prepare all prepaid outgoing mail for dispatch and place it in the designated location.
- d. On the next delivery day, you and the postmaster or supervisor check the lock and rotary number on the trip report with the lock on the pouch. If they match, your postmaster or supervisor opens the pouch in your presence and gives you the contents. If you are absent on the next delivery day, the lock and rotary number are checked in the presence of the leave replacement carrier. If they match, your postmaster or supervisor opens the pouch, verifies the contents, and gives them to the leave replacement for disposition.
- e. If the number recorded on PS Form 4240 and the rotary lock do not match, your postmaster or supervisor opens the pouch in your presence and takes the following actions:
  - (1) If any of the contents is missing, your postmaster or supervisor immediately notifies the Inspection Service; or
  - (2) If the contents have not been tampered with, the postmaster or supervisor makes a notation of the facts on PS Form 4240 and proceeds as described in item d. above.

- f. Normally, management assigns you a key to the Post Office on Saturday morning. Unless the key is needed to lock the office, it is included in the rotary pouch with the accountable mail. If the key is not placed in the pouch, turn it in the next day you report for duty, unless your postmaster or supervisor establishes another practical and safe method to relieve you of the key on Saturday afternoon. Also, return the key to the place designated by your postmaster or supervisor (see [481](#), item b).

482 **Other Security Measures**

If local conditions make issuance of Post Office keys impractical, use other security measures approved by the field division general manager/postmaster with which the Inspection Service concurs.

Exhibit 411.1  
**PS Form 4240, Rural Carrier Trip Report**

Route	No.	Length (Miles)		Classification			Week Stanc	
004	24.80			<input checked="" type="checkbox"/> "L"	<input type="checkbox"/> M	<input type="checkbox"/> J	<input type="checkbox"/> Aux	
				<input type="checkbox"/> Non	<input type="checkbox"/> H	<input checked="" type="checkbox"/> K	<input type="checkbox"/> "L"	
Day of Week		Date	Carrier's Daily Time Record* (Exact hour and minutes)					Tc D H L Reg
			Rptd. at Post Office	Left Office to Serve Route	Rtn. to Post Office	Comp. Work at Post Office	Lunch Period Actual Time	
			(1)	(2)	(3)	(4)	(5)	
13 Wk P/P	Sat.	6-2	6:30	11:10	2:30	3:00	:30	K
	Mon.	6-4	7:00	11:30	2:50	3:40	:30	8..
	Tues.	6-5	7:00	11:00	3:00	3:30	:30	7..
	Wed.	6-6	7:00	11:15	2:30	3:30	:30	8..
	Thur.	6-7	7:00	11:30	3:10	4:10	:30	8..
	Fri.	6-8	7:00	11:25	2:40	3:30	:30	8..
	Sat.	6-9	7:00	11:15	2:40			
Mon.								

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Exhibit 422.31  
**PS Form 3813, Receipt for Domestic Insured Parcel**

**RECEIPT FOR DOMESTIC INSURED PARCEL**  
(Not for International Mail)

ADDRESSED FOR DELIVERY AT (P.O., State & ZIP Code)	
<b>GREAT FALLS MT 59635</b>	
POSTAGE	2.40¢
INSURANCE FEE	70¢
SPECIAL DELIVERY	¢
SPECIAL HANDLING	¢
Total	3.10
INSURANCE \$ COVERAGE	
MAILING OFFICE	
<input checked="" type="checkbox"/> Fragile <input type="checkbox"/> Liquid <input type="checkbox"/> Perishable	
POSTMASTER (By)	
<b>C. Adams</b>	
SENDER—Enter name and address of addressee on the reverse and read information regarding insurance coverage and claims.	

PS Form 3813, Feb. 1986

Exhibit 422.32  
**PS Form 3813-P, Receipt for Insured Mail Domestic-International**

V-361 547 970				
<b>RECEIPT FOR INSURED MAIL DOMESTIC-INTERNATIONAL</b>				
ADDRESSED FOR DELIVERY AT (Post Office, State and Country)				
<i>FERRIS TX 75125</i>				
SAVE THIS RECEIPT UNTIL PACKAGE IS ACCOUNTED FOR	AIR	\$		
	POSTAGE	<input checked="" type="checkbox"/>	<i>2.40</i>	
	INSURANCE COVERAGE		FEE	
	\$ <i>100.00</i>	\$ <i>1.50</i>		
	SPECIAL HANDLING			
	DOMES- ► Special Delivery		\$	
	TIC			
	ONLY ► Restricted Delivery		\$	
	RETURN RECEIPT <i>(Except to Canada)</i>		¢	
Fragile	Liquid	Perishable	TOTAL	\$ <i>3.90</i>
(Postmark)			Customer Over ►	
			Postmaster By <i>C Adams</i>	
<b>U.S. MAIL INSURED</b>				
V-361 547 970				
NOTE: To file claim for damage or loss of contents, you must present the article, container and packaging.				

Exhibit 431.2

**PS Form 3867, Registered, Express Mail, COD, Certified, and Return Receipt for Merchandise Matter Received for Delivery**

U.S. Postal Service REGISTERED, EXPRESS MAIL, COD, CERTIFIED, AND RETURN RECEIPT FOR MERCHANDISE MATTER RECEIVED FOR DELIVERY						
Registered No. COD No. Total Express Mail <sup>1</sup> , Total Certified <sup>2</sup> , or Total Return Receipt for Merchandise,	R, RA, OS, RE, AO, SD (See Note 2)	COD		Signature of Delivery Clerk or Carrier's Signature and Total	Signature of Clearing Clerk	Reason for Nondelivery – Disposition
		Amount Due Sender	Money Order Fee			
4520	R			M. Czinner	Czinner	left notice
3C	IR			J. Danner	Czinner	
132982		50.00	1.00	T. Ayres	Czinner	left notice
3015987		100.00	1.00	T. Ayres	Czinner	
2C	IR			T. Ayres	Czinner	
3572	R			RE Sears	Czinner	
136021	R			(2)	Czinner	
Show 'C' to indicate Certified Mail, 'E' to indicate Express Mail, and 'RM' to indicate Return Receipt for Merchandise.						
Notation will be made in this column indicating by (R) Return Receipt Requested; (RA) Return Receipt Requested, showing address where delivered; (OS) Officially Sealed; (RE) Re-enveloped; (AO) Addressee Only; (SD) Special Delivery.						

PS Form 3867, Feb. 1989

Exhibit 431.4

**PS Form 3821, Clearance Receipt**

Post Office or Station <i>GAINESVILLE, FL</i>		Date <i>6-29-90</i>		
RECEIVED OF _____ the registered articles listed or total certified, COD, and Express Mail articles shown below; also signed receipts for such mail delivered.				
REGISTERED ARTICLE NOS.		Returned Articles	Delivery Receipts	TOTAL
	Registered			
	Certified	<i>1</i>	<i>1</i>	<i>2</i>
	Express Mail			
	COD	<i>1</i>	Check	M.O.
Clearing Employee Signature <i>C. Zimmer</i>	COD Funds			<i>1</i>
Complete a separate form in duplicate for CODs. When COD's are totaled, delivering employee must immediately deposit a copy of this form in designated box. This form must be retained by delivering employee for 3 months from last day of issue for COD's, 2 years if for Registered, Certified, or Express Mail.				

PS Form 3821, March 1988

GPO : 1988 O - 213-992

**CLEARANCE RECEIPT**

Post Office or Station <i>GAINESVILLE, FL</i>		Date <i>6-29-90</i>		
RECEIVED OF <i>C. Pearson</i> the registered articles listed or total certified, COD, and Express Mail articles shown below; also signed receipts for such mail delivered.				
REGISTERED ARTICLE NOS.		Returned Articles	Delivery Receipts	TOTAL
	Registered			
	Certified			
	Express Mail			
	COD		Check	M.O.
Clearing Employee Signature <i>C. Zimmer</i>	COD Funds	<i>\$100.00</i>		<i>1</i>
Complete a separate form in duplicate for CODs. When COD's are totaled, delivering employee must immediately deposit a copy of this form in designated box. This form must be retained by delivering employee for 3 months from last day of issue for COD's, 2 years if for Registered, Certified, or Express Mail.				

PS Form 3821, March 1988

GPO : 1988 O - 213-992

**CLEARANCE RECEIPT**

Exhibit 472  
**PS Form 4240, Rural Carrier Trip Report**

Route	No.	Length (Miles)	Classification			
104	24.80		<input checked="" type="checkbox"/> "L"	<input type="checkbox"/> M	<input type="checkbox"/> J	<input type="checkbox"/> Aux
		"L"	<input type="checkbox"/> Non	<input type="checkbox"/> H	<input checked="" type="checkbox"/> K	
Day of Week		Date	Carrier's Daily Time Record* (Exact hour and minutes)			
			Rptd. at Post Office	Left Office to Serve Route	Rtn'd. to Post Office	Comp. Work at Post Office
(1)	(2)	(3)	(4)	(5)	(6)	
Wk 1 P/P	Sat.	6-2	6:30	11:10	2:30	3:00 :30
	Mon.	6-4	7:00	11:30	2:50	3:45 :30
	Tues.	6-5	7:00	11:00	3:00	3:30 :30
	Wed.	6-6	7:00	11:15	2:30	3:30 :30
	Thur.	6-7	7:00	11:30	3:10	4:10 :30
	Fri.	6-8	7:00	11:25	2:40	3:30 :30
	Sat.	6-9	7:00	11:15	2:40	3:30 :30
	Mon.					

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# **5 Inspection, Count, and Adjustment of Rural Routes**

## **51 Types of Rural Routes**

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### **511 Evaluated Rural Routes**

#### **511.1 Definition**

An evaluated route is one based on weekly workload evaluation. Compensation is authorized on the basis of evaluated time as determined by office and route time standards after subtracting any relief time.

#### **511.2 Types of Evaluated Rural Routes**

##### **511.21 H Routes**

The regular carrier works 6 days a week.

##### **511.22 J Routes**

The regular carrier has a relief day every other week.

##### **511.23 K Routes**

The regular carrier has a relief day every week.

##### **511.24 Auxiliary Routes**

The carriers work 6 days a week. Normally, these routes are evaluated at less than 39 hours per week.

### **512 Mileage Routes**

Salary for rural carrier positions on routes classified as mileage (M) is determined under the *Rural Carrier Schedule* (RCS), which provides a combined rate based on fixed annual compensation and specified rates per mile of route. Each rural carrier's salary is based on the length of the route as determined by the official measurement.

### **513 High Density L Routes**

Any route having a density of 12 boxes or more per mile is classified as an *L* route, and the evaluation is determined according to *L* route standards. The route retains the *L* route classification as long as the 12-box-per-mile density is maintained, as verified by a mail count. However, when the results of a national or special mail count indicate that the box density of an *L* route

has decreased to less than 12 boxes per mile, the route is evaluated and removed from the *L* route classification.

## 52 Rural Route Inspections

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### 521 **Definition**

The inspection of a rural route is the physical inspection of a route and route conditions made by the postmaster or a designee while accompanying the carrier on the route.

### 522 **Purpose**

The purpose of the inspection is to obtain current and accurate data, including (but not limited to) route and delivery conditions; number and types of boxes served; minimum stops necessary to serve all boxes on the route; location, time, and frequency of authorized dismounts; and dismount distances. Route layout is reviewed by management to identify necessary route travel changes to improve efficiency and economy of service. In addition, the postmaster examines hazardous conditions and takes appropriate action to correct them.

### 523 **Frequency**

Management schedules at least one annual inspection of rural routes.

### 524 **Carrier Responsibilities**

#### 524.1 **General**

During the rural route inspection, rural carriers must:

- a. Travel the route and deliver the mail precisely as they do the rest of the year.
- b. Inform the postmaster or designee making the inspection of any boxes that have remained vacant for over 90 days.
- c. Assist in identifying hazards or hazardous conditions on the route and recommend actions to eliminate or reduce them to the maximum extent practicable.

#### 524.2 **Providing Vehicle**

If the vehicle (normally used on the route) does not accommodate the route inspector, the carrier's postmaster or supervisor may ask (*but not require*) the carrier to supply an appropriate vehicle. The carrier receives Equipment Maintenance Allowance (EMA) in accordance with [142.1](#).

## 53 Rural Route Mail Counts

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### 531 General

#### 531.1 Purpose

These instructions provide standardized and uniform procedures for conducting mail counts on rural routes. An understanding of these instructions by rural carriers and managers helps ensure accuracy of mail count data, and prompt evaluation and correct classification of rural routes. Postmasters, supervisors, and rural carriers must ensure that mail counts are properly conducted and that data is accurately reported.

#### 531.2 Definition

A count of mail is physically counting and recording, at specified times, the number of pieces of mail delivered, collected, or handled on rural routes. This includes both national and special mail counts. Mail counts are used to assemble data that provides the basis for individual route evaluations. These route statistics indicate:

- a. Volume of mail handled.
- b. Amount of office and route time used by the carrier.
- c. Adequacy of service to rural customers.
- d. Efficiency and performance of the carrier.

#### 531.3 Route Evaluations

The evaluation of a rural route is determined by the mail volume handled, daily miles traveled, the number and type of boxes served, and fixed or variable time allowances, i.e., the types of data that are obtained from mail counts (see [Exhibit 531.3](#), PS Form 4241-M, *Rural Route Evaluation Worksheet*).

### 532 Types of Mail Counts

#### 532.1 National Mail Counts

A national mail count is conducted on all rural routes in accordance with the provision of the USPS-NRLCA National Agreement.

#### 532.2 Special Mail Counts

Special counts are held in September and are conducted during the last 12 working days of the month, in accordance with the provisions of the USPS-NRLCA National Agreement.

### 533 Procedures for National and Special Mail Counts

#### 533.1 Responsibility

##### 533.11 Postmasters

Postmasters must hold joint conferences with supervisors and rural carriers to discuss count procedures at least 15 days before the start of the count. In addition, the postmaster must arrange a meeting with each eligible rural

carrier to discuss requirements for election of a higher classification for which the rural carrier may qualify (see [535.23j](#)). The postmaster is also responsible for including, in writing, any questions or comments raised by the carrier after the count, forwarding PS Form 4241, *Rural Delivery Statistics Report*, with the written comments to the Management Sectional Center (MSC), and advising the carrier, in writing, of the MSC's decision. Postmasters must make every effort to immediately resolve disagreements regarding the actual number of pieces counted at the local level.

**533.12 Postmasters or Supervisors**

Postmasters or supervisors must make completed PS Forms 4241 available to carriers and ensure that all columns on PS Form 4241 have been completed and totaled before giving the forms to the carriers to review. The signature of the postmaster (or designee) is considered verification of the validity of the count data.

**533.13 Carriers**

If you agree with the count data, your signature is considered verification of the validity of the count data. When you disagree with the count data, you need not sign the form. However, you must promptly submit written comments to the postmaster explaining in detail the reasons for objecting and the exact nature of the supposed errors or omissions.

**533.14 Management Sectional Centers**

The MSC is responsible for providing a prompt written reply to the postmaster advising of its decision.

**533.2 Conducting the Count**

**533.21 General**

All classes of mail handled by each rural carrier must be counted daily during the official count period. Before it is cased, mail must be counted at the facility where the carrier cases the mail. The postmaster or supervisor must exercise extreme caution to ensure that all entries on the count forms are correct. Carriers may observe the mail count on their relief days or on days when they are on leave. (Any carrier who observes the mail count on a relief day, or while on leave, must be in a nonduty status and must not participate in office work activities.)

**533.22 Rural Carrier Schedule Mileage Routes**

During the 12 days of the mail count on mileage routes, the carrier counts the mail 8 days, and the postmaster or supervisor counts 4 days (picked at random). Exception: Those mileage routes classified as high density (*L*) are counted by management on all days. Carriers may observe, and may also count if they wish to, on the days management makes the count. When in management's judgment the route borderlines evaluated status, the supervisor or postmaster makes the full 12-day count.

**533.23 Evaluated, High Density *L*, or Auxiliary Routes**

On routes classified evaluated, high density (*L*), or auxiliary, the postmaster or supervisor makes the count on all days during the count period. (This requirement is applicable where Post Offices are closed on Saturday and

supervisory personnel are not normally on duty.) The rural carrier may observe and also count the mail. However, the postmaster or supervisor must count the delivered and collected mail, and enter it on the daily count forms.

## 534 Casing of Mail by Carrier

### 534.1 General

The principle underlying the count is that the same mail flow conditions prevail during the count period that are normally in effect the rest of the year. All mail available up to the normal cutoff time for distribution on the day preceding the count is delivered on that day; and all mail available up to the normal cutoff time on the last day of the count is included in the count and delivered.

### 534.2 Methods of Casing Mail

The carrier chooses the method of handling or casing boxholder mail. Carriers who normally case mail upon return to the office after completing their routes are to continue this practice on the day preceding the count and during the count period. Carriers who do not case mail upon return to the office after completing their routes will not do so on the day preceding the count nor during the count period. All mail must be recorded on PS Form 4239, *Count of Mail (Rural Route)* (see [Exhibit 534.2](#)), for the day of the count on which it is cased. Therefore, mail cased on the day preceding the count is not included in the count. However, mail cased after the carrier returns from serving the route on the last day of the count is credited on the same PS Form 4239 used earlier in the day, and is included in the count.

### 534.3 Available Mail

Available mail is that mail distributed and placed on carrier case ledges, in hampers, trays, or on the floor beneath the carrier case, and in distribution cases up to the cutoff or final withdrawal time prior to departure time to serve the route. It does not include mail distributed after the scheduled cutoff or final withdrawal time, or mail received too late for distribution, as long as the requirements in *Postal Operations Manual* (POM) 612.1 are met.

**Note:** Carriers who withdraw mail from distribution cases, or other employees who place mail at or near cases, must do so in accordance with the nationally established criteria. The withdrawal procedure established for the count period must be the same as that *normally* followed during the remainder of the year.

### 534.4 Distributed Mail

Mail is distributed to ensure a normal flow on the day preceding the count period and the last day of the count. All simplified address mail available at delivery units is distributed to rural carriers during the count period.

**Exception:** When a commitment has been made to a mailer to deliver on a specific date other than the count period, the carrier must honor the mailer's request.

## 535 Mail Count Forms

### 535.1 PS Form 4239

#### 535.11 Description

- a. PS Form 4239 (see [Exhibit 534.2](#)) is designed to function as a combination worksheet and mail count record. This important daily record provides the basic source of mail volume and time data that is transferred to PS Form 4241, *Rural Delivery Statistics Report*, and consolidated for the count period. (Use a separate form to record each day's mail count.)
- b. The postmaster, supervisor, or mileage route carrier responsible for conducting the count prepares PS Form 4239 daily. PS Form 4239 worksheets are completed as the mail is counted. After PS Form 4239 has been completed each day, the postmaster retains the original, and the carrier receives a copy.
- c. When management completes PS Form 4239, it will be shown to the carrier, upon request, before the mail is trayed or strapped out to allow verification of the count data.
- d. The postmaster, supervisor, or mileage route carrier who makes the daily count must sign PS Form 4239 each day.
- e. Carriers serving evaluated, high density (*L*) or auxiliary routes do not make entries on PS Form 4239.
- f. PS Form 4239 is completed at intermediate offices and forwarded under cover daily to the headout office postmaster for consolidation on PS Form 4241. PS Form 4241 is not completed at intermediate offices.
- g. On presently classified evaluated, high density (*L*), and auxiliary routes, PS Form 4239 is completed in accordance with 533.23.
- h. On mileage routes not classified as high density (*L*), PS Form 4239 is completed in accordance with 533.22.

#### 535.12 Completion

During the entire mail count period, complete PS Form 4239 daily for each route. Transfer the totals daily from PS Form 4239 to PS Form 4241. Use the following guidelines to complete PS Form 4239:

##### 1. Column 1 — Letter Size

- a. Enter in this column all letter-size mail, including ordinary letters, cards, newsletter type mail, and circulars 6 1/8" or less in width that can be cased in the separations of the carrier cases. Small magazines and small catalogs 6 1/8" or less in width and 3/8" or less in thickness are included in this column. Include detached address labels (specifically addressed) for sample merchandise, magazines, and catalogs in the letter count.

**Note:** The maximum thickness of 3/8" applies only to small magazines and small catalogs. Letter-size mail is mail that fits in the width of the case separation in use, regardless of thickness. All detached address cards (with a specific address) for sample merchandise, shared mail, magazines, and catalogs are included in the letter count.

- b. Do not include newspapers, boxholders, flats, and rolls even though they may be cased with letter mail. Count each direct or segmented bundle (see [225.4](#)) distributed and tied out at mail distribution cases as one parcel and enter that number in column D. Do not count direct or segmented bundles tied out at the carrier case (see [225.5](#)) as parcels. Do not include registered, certified, COD, numbered insured, Priority Mail Express, and other accountable mail in this column.

**2. Column 2 — Sector/Segment Letters**

Enter in this column all mail up to 6 1/8" in width that is processed on automated equipment in sector/segment order.

**3. Column 3 — Delivery Point Sequence (DPS) Letters**

Enter in this column all mail up to 6 1/8" in width that is processed on automated equipment as *Delivery Point Sequence* mail.

If fewer than 2,400 pieces of DPS letter-size mail are averaged per week during the entire mail count period and/or the route, was not validated before the count as meeting the 98 percent quality threshold, mail processed as DPS will be cased and recorded as sector/segment mail in column 2 on PS Form 4241, *Rural Delivery Statistics Report*, or, if it does not qualify as sector/segment mail, recorded in column 1, Letter Size, or column 4, *Newspapers, Magazines, Flats, Catalogs, and Rolls*, as appropriate.

**Note:** Casing of DPS mail will not change mail count procedures or time standards applied to DPS or other mail.

**4. Column 4 — Flats, Catalogs, Magazines, Newspapers, Rolls, Other Non-Letter-Size Mail**

Enter in this column newspapers, flats, magazines, catalogs, rolls, and other non-letter-size mail that can be cased for delivery using carrier casing equipment. This includes catalogs cased with other mail or cased separately. This does not include those items specifically referenced in column 6, *Parcels*. **Exceptions:** Count simplified address articles, including mail with detached labels, as boxholder mail and enter the number in column 7. Count each direct or segmented bundle distributed and tied out at mail distribution cases (see [225.4](#)) as one parcel and enter the number in column 6. Do not count direct or segmented bundles tied out at the carrier case (see [225.5](#)) as parcels. Do not count registered, certified, COD, numbered insured mail, Priority Mail Express, and other accountable mail in this column.

**5. Column 5 — Delivery Point Sequence (DPS) Flats**

Enter in this column all mail processed on the Flat Sequencing System equipment in delivery point sequence flat order.

**6. Column 6 — Parcels**

- a. A parcel is any rigid article that exceeds any one of the following dimensions:
- (1) 5" in height.
  - (2) 18" in length.
  - (3) 1 9/16" in width.

**Examples:** A rigid article that measures 4" x 15" x 1 3/4" is recorded as a parcel because the 1 3/4" thickness exceeds the 1 9/16" criteria. However, a rigid article that measures 5" x 18" x 1 9/16" is recorded as a flat because none of the dimensions exceed the stated criteria. (This includes articles properly prepared and endorsed in accordance with *Domestic Mail Manual* (DMM 601.5.0)).

- b. In addition, any nonrigid article that does not fit in the letter or flat separations (where flat separations are used) with other mail is considered a parcel. (This includes articles that have not been prepared in accordance with DMM 601.5.0), even though the mailer has endorsed them *Do Not Fold or Bend*. These nonrigid articles should be carried and credited as parcels, provided that they do not fit in the letter or flat separation (where flat separations are used) with other mail without damage to the article).
- c. The carrier has the option of handling odd-size articles either with flat mail or separately, regardless of how it is credited.
- d. Parcels with detached labels do not belong in this column. They are counted as boxholders in column 7. Only specifically addressed samples too large to be cased are included in the parcel count.
- e. Each direct or segmented bundle distributed and tied out at the mail distribution cases (see [225.4](#)) is counted as a parcel. Direct or segmented bundles tied out at the carrier case (see [225.5](#)) are not counted as a parcel.
- f. Registered, certified, COD, numbered insured, Priority Mail Express, and other accountable mail are not counted in this column.

#### 7. **Column 7 — Boxholders**

Enter the daily number of boxholders (families, boxes, or deliveries, as appropriate) taken out for delivery on the route. This includes all simplified address mail; including samples with simplified address (see DMM 602.3.2). When samples are received with detached address labels (specifically addressed), enter the total number of samples. (See [535.12.1](#), column 1, for recording the label count.) Include simplified address, detached labels (no specific name or address) in this column. The number of pieces of boxholder mail must not exceed the number of families or boxes (as appropriate) on the route for each mailing. Include in this column all boxholders, whether cased or not.

#### 8. **Column 8 — Accountable Mail Signature Item**

- a. Enter the number of articles received daily for delivery in this column. Entries in this column preclude entries for the same items in columns 1, 2, **3**, 4, **5**, 6, or 10.
- b. On high-density (*L*) routes where multiple accountable items are received for one address, enter the items on PS Form 3883. The route receives credit for one accountable article per page or

partial page completed. **Example:** If a route received 10 accountable articles of which five were for delivery to one address, the route would receive credit for six accountable items: one item each for the five articles for delivery to individual addresses, and one item for the five articles entered on PS Form 3883, *Firm Delivery Receipt for Accountable Mail and Bulk Delivery*, for delivery to the one address. Under no circumstances use a PS Form 3883 for delivery of only one accountable item.

- c. When a PS Form 3883 is authorized for use on high density (*L*) routes, additional credit is allowed for handling return receipts on items listed in the book (see [Column 26 — Return Receipt, L Route Only](#)).

**9. Column 9 — Customs Due Received for Delivery and CODs**

Enter daily the number of articles received for delivery.

**10. Column 10 — Postage Due**

Enter the number of postage due articles taken out for delivery. Do not include postage due items in columns 1, 2, 3, 4 or 5.

**Note:** A carrier can receive a double credit for a postage due parcel. **Example:** An ordinary parcel with postage due would be credited as a parcel in column 6, Parcels, and in column 10, Postage Due.

**11. Column 11 — Change of Address (COA)**

Enter in this column the number of change of address orders (PS Form 3575, *Change of Address Order*, or PS Form 3546, *Official Change/Correction to Mail Forwarding Change of Address Order*) received and entered during the count period that you are required to record the name and old address data on PS Form 3982.

PS Form 3546, initiated by the carrier, is creditable as a forwarding order, provided that it is not a duplication of a previous action. There must be no accumulation of change of address orders at the start of the count period.

**Note:** Enter these items on the day you receive the 3982 PARS label, not on the day you receive the COA. Do not record the entry of a new or additional customer's name on PS Form 1564, *Address Change Sheet*.

**12. Column 12 — PS Form 3982 PARS Label**

Enter in this column the number of 3982 PARS labels received for change of address orders (PS Form 3575, *Change of Address Order*, or PS Form 3546, *Official Change/Correction to Mail Forwarding Change of Address Order*) that you were not required to enter information on PS Form 3982 during the count period.

**13. Column 13 — Marked Up Mailpieces**

- a. In this column, record the number of pieces of all classes of mail marked up. Markups are mailpieces undeliverable as addressed that require the carrier to endorse the mail with the reason for nondelivery specified in DMM 507.1.4.1. Do not record mail

missorted to a route as a markup. Do include missorted and missent mail in the original count of mail. This applies where routes have been adjusted, territory has changed, or the mail is routed to the wrong carrier.

- b. In instances where mailing addresses have been changed from rural routes and box numbers to street names and numbers, mail is not credited as a markup on the route where the territory transferred to or from. This is considered a hand-off and credit is given in the original count of mail.
- c. A markup credit is provided for the following categories of undeliverable mail:
  - (1) Mail Individually Endorsed by the Carrier. Credit a markup for each piece of mail in the following categories:
    - (a) Deceased (DEC). This endorsement is used only when it is known that the addressee is deceased and the mail is not properly deliverable to another person. This endorsement must be made personally by the delivering employee and, under no circumstances, may it be rubber stamped. Mail addressed In Care Of another must be marked to indicate which person is deceased.
    - (b) No Record Mail. Credit as a markup each piece of mail given to the carrier under the provisions of 242.4.
    - (c) Other categories as defined in DMM 507.1.4.1 unless listed in 535.13.c.2 (bundled markups).
  - (2) Each of the following Carrier Endorsed Bundles is credited as one markup:
    - (a) Insufficient (IA). Mail without number, street, box number, route number, or geographical section of city or city and state omitted and correct address not known.
    - (b) Attempted Not Known (ANK). Addressee is not known at place of address.
    - (c) In Dispute (DIS). Mail is returned to sender by order of the chief field counsel when it cannot be determined which of the disputing parties has the greater right to the mail.
    - (d) No Such Number (NSN). Nonexistent number and the correct number is not known.
    - (e) No Such Street (NSS). Addressed to nonexistent street and correct street not known.
    - (f) Unable to Forward (UTF). Mail undeliverable at address given; forwarding order expired.
    - (g) No Mail Receptacle (NMR). Addressee has failed to provide a receptacle for the receipt of mail.

- (h) Refused (REF). Addressee has refused to accept mail or pay postage charges.
- (i) Temporarily Away (TA). Addressee temporarily away and period for holding mail expired.
- (j) Unclaimed (UNC). Addressee abandons or fails to call for mail.
- (k) Vacant (VAC). House, apartment, office, or building is not occupied. It is used only on First-Class Mail and endorsed Standard Mail items addressed to Occupant, Resident, etc.
- (l) Illegible (ILL). Address not readable.
- (m) Undeliverable Bulk Business Mail (UBBM). UBBM with a specific customer name and address. When a piece of UBBM with a specific name is undeliverable-as-addressed, place the mail to one side of the case ledge or in another designated location at the case. After completing casing of all mail designated for delivery that day, bundle this mail and mark the top piece UBBM, put your initials and route number on it, and leave it on the case ledge.
- (n) Other Undeliverable Bulk Business Mail. UBBM addressed to Occupant, Resident, or using the exceptional address format (John Doe or Current Address). Normally, this type of mail is undeliverable only because the delivery point is vacant or the address is incorrect. Place undeliverable UBBM marked Occupant, Resident, or Current Resident to one side of the case ledge, or in another designated location. After completing casing of all mail designated for delivery that day, bundle this mail and mark the top piece "Other UBBM," put your initials and route number on it, and leave it on the case ledge.
- (o) Excess Boxholder Mail. Place all excess boxholder mail into the appropriate container (sack, hamper, tray, etc.), endorse a facing slip "In Excess of Requirement," initial the slip, and attach it to the container with the excess boxholder mail. **Note:** Do not credit as a markup parcel post endorsed only to indicate that an attempted delivery notice was left.

**14. Column 14 — PS Form 3821 Completed**

Enter only the number of completed PS PS Forms 3821, *Clearance Receipt*.

**15. Column 15 — Non-Signature Scan Items**

Enter the number of items scanned for which no signature was required.

**16. Column 16 — Load Vehicle**

Enter the time spent transferring mail from the carrier's work area to the vehicle. This time should include taking mail from the work area to the vehicle, placing mail in the vehicle, and returning the equipment to a designated location. Postmasters or supervisors must observe the loading operation daily to ensure that carriers operate efficiently.

Include only the time required to place mail in gurneys or hampers in loading time if mail cannot be placed in the conveyance during strap out. In offices where the carrier does not normally withdraw all mail for the route, the required final withdrawal from the designated distribution case, or other equipment, will be accomplished in conjunction with the loading operation, and the actual time required included in the loading allowance. Do not include the time used for this function if the carrier receives the withdrawal allowance. Loading time in excess of 15 minutes must be fully explained in the *Comments* section of PS Form 4239. However, do not interpret the loading allowance to be a minimum 15 minutes daily. The actual time shown for loading the vehicle must not include time for arranging parcels in delivery sequence; this is included in the time allowance for those items in column 6.

**17. Column 17 — Other Suitable Allowance**

- a. A reasonable time allowance may be claimed for unusual conditions, or for other services rendered on a daily or weekly basis that are not accounted for under the normal work functions. This does not include time for vehicle breakdowns. Management must authorize items for which time is claimed under this heading. These items must recur daily or weekly. Weekly safety talks must be conducted, and the actual time required (usually 5 minutes per week) recorded in column 17.
- b. The actual time required to place Central Markup System/Computerized Forwarding System (CMU/CFS) mail in the designated location is credited in column 17.
- c. The actual time required for full completion of the additional data required on the edit sheet and maintenance worksheet for C.L.A.S.S. (Computerized Labeling and Address Sequence System) will be recorded in column 17. The entries should reflect the average weekly time needed for completion of this additional data. Time spent for regular completion and submission of the edit sheet is not entered in column 17.
- d. Where no office personnel are on duty when the carrier returns from serving the route on Saturday, the carrier receives actual time allowance only for those duties performed over and above the normal functions of this day and the following work day. (This does not include time spent counting mail or completing count forms.)
- e. Those carriers who serve a nonpersonnel rural unit receive a minimum allowance of 15 minutes daily for each unit served. Boxes located in these units are not included in the route totals

on PS Form 4241. Additional time above 15 minutes claimed for servicing a nonpersonnel unit must be explained in the *Comments* section.

- f. Personal time, or time used for purchasing and checking stamp stock, should not be entered. These times are credited when the evaluation is processed at the Information Service Center (ISC).
- g. No entries are made in this column for those routes using USPS-owned or -leased vehicles. The ISC will automatically credit appropriate time allowances as indicated in [535.23](#). Time spent waiting for vehicle repair or tow while on the route is not a recurring function, and is not granted.
- h. When a *non-L* route carrier purchases stamp stock at an intermediate office, show the actual time required to perform this function, not to exceed 5 minutes daily, in the *Other Suitable Allowance* column 17 and explain in the *Comments* section. During the mail count period, maintain the normal frequency of stamp purchases at the intermediate office.

**Note:** For high-density (*L*) route carriers to receive this additional allowance, their purchases must meet the minimum requirements of 150 times the First-Class Mail postage rate.

- i. All entries in column 17 require explanation in the *Comments* section.

**Note:** No entries are made in this column for those routes with collection compartments, or Parcel Post lockers located in centralized delivery equipment.

#### **18. Column 18 — Authorized Dismounts**

The number of authorized dismounts is shown daily. (See [313](#) for those instances where dismount deliveries may be authorized.)

A carrier authorized to dismount at a school. The school office is closed on Saturdays. The route would be credited with a dismount Monday through Friday, but would not receive dismount credit on Saturday. Authorized dismounts must be explained in the *Comments* section. When a carrier dismounts primarily to provide other services, such as delivery or pickup of accountable mail, COD, Express Mail, etc., do not authorize dismount credit; existing time allowance include time for dismounting.

#### **19. Column 19 — Authorized Dismount Distance (Feet)**

Enter the authorized dismount distance (in feet) traveled daily by the carrier. The distance entered could vary daily depending upon the number of dismounts authorized each day (see [Column 18 — Authorized Dismounts](#)). Before determining the authorized dismount distance, the postmaster or supervisor must:

- (1) For single delivery point dismounts such as CBUs, a school, mailroom, etc., establish the authorized parking location at the closest practicable point.

- (2) For multiple deliveries requiring a dismount (such as multiple apartment buildings served from one park point, shopping centers, etc.), a parking location is established at the most advantageous point or points, and the authorized dismount line of travel between delivery points is laid out in the most efficient travel pattern. To avoid unnecessary trips to the vehicle and to ensure employee safety, the postmaster or supervisor may authorize the use of a carrier satchel or satchel cart.

When determining the authorized dismount distance, the postmaster or supervisor must measure the most direct and/or efficient distance from the point of dismount from the vehicle to the delivery point, or points, and return to the vehicle. Record measurements to the closest foot. Make all entries on the basis of the number of trips required by the carrier each day.

A school is authorized as a dismount delivery point. The total dismount distance from the vehicle to the delivery point and return is 140 feet. If, on the first day of the mail count, the volume for this delivery requires only one trip by the carrier, the carrier would receive credit for one dismount in column 18 and 140 feet dismount distance in column 19. If, however, on the second day, the volume for this delivery would require two trips, the carrier would receive credit for one dismount in column 18 and 280 feet in dismount distance.

There must be a reasonable expectation that the line of travel established for the dismount is available to the carrier at least 90 percent of the time. This consideration is especially important in areas that experience consistently heavy snowfalls where direct dismount routes (not coinciding with existing sidewalks) will be blocked most of the winter.

**20. Column 20 — Letters and Flats Collected**

Enter in this column the number of letters and flats collected on the route. If mail is received in bundles, count each bundle as one piece. Do not count each piece in the bundle. Do not include mail picked up from a collection box or cluster box unit (CBU) collection compartment. Centralized delivery equipment collection compartments receive a standard allowance.

Enter in column 17 the actual time required to open the collection boxes, remove the mail, and close the boxes.

**21. Column 21 – Carrier Pickup Request and Prepaid Parcel Event**

Enter in this column the number of official requests received via "My Post Office" (MyPo).

Record the pickup event even if the official pickup request results in no qualifying pieces being collected. Record one event for prepaid parcels in excess of two pounds not associated with Carrier Pickup requests.

**22. Column 22 – Carrier Pickup Items and Prepaid Parcels over 2 lbs**

Record each Priority Mail, International Mail, and Priority Mail Express item picked up by the carrier at a Carrier Pickup location. Also, record each prepaid parcel accepted in excess of two pounds including

Parcel Return Service (PRS) and Merchandise Return Service (MRS). Sacks of parcels collected will receive one parcel accepted count. Individual parcels in the sack will not receive an individual count unless the carrier is required to scan each piece.

Record the ACTUAL number of eligible packages picked up by the carrier. Obvious letter and flat mail pieces collected at a Carrier Pickup location are not included in Column 22.

**23. Column 23 — Parcel Accepted, Ordinary, Insured, COD**

Enter in this column the number of ordinary and insured parcels accepted on the route. These are parcels that require the carrier to weigh, rate, and affix postage to the article.

Do not enter obvious letter- and flat-size mail, including filmpacks, etc., whether the carrier affixes postage or not. Count presacked parcels for which postage has been computed as one parcel for each sack. Do not credit parcels that a customer refuses or are not deliverable as a parcel accepted.

**24. Column 24 — Registered and Certified Accepted**

Record in this column the number of registered and certified articles accepted on the route. Do not include in this column those items on which postage has been prepaid by the customer and which do not require endorsement of PS Form 3800, *Certified Mail Receipt*, or PS Form 3896, *Receipt for Registered Article*. Do not include those articles returned when PS Form 3849, *Delivery Notice/Reminder/Receipt*, has been left for the customer in the count. Time credit for *No Response—Left Notice* items is included in the time factor for delivery.

**25. Column 25 — Money Order Applications Processed**

Record in this column the number of money order applications received on the route. If rural carriers reside on the route they serve and regularly purchase money orders throughout the year, they will receive credit. Postmasters or supervisors review each money order application daily.

**26. Column 26 — Return Receipt, L Route Only**

On high-density (*L*) routes, an additional credit is received only for those return receipts for accountable items handled via PS Form 3883 (see [Column 8 — Accountable Mail Signature Item](#)). Enter in this column the number of return receipts attached to those accountable items entered on PS Form 3883. Do not credit return receipts on accountable items delivered other than those listed on PS Form 3883.

If a route received 10 accountable items and each had a return receipt attached, but only four of the items were listed in a firm delivery book, the route receives credit for four return receipts in column 26.

**27. Column 27 — Lock Pouch Weight Carried Daily**

Enter the weight carried in pounds (rounded to the nearest whole pound) of all mail, including outside pieces, to or from designated offices. Carriers serving nonpersonnel rural units do not receive credit for a locked pouch.

**28. Column 28 Reserved****29. Column 29 — Waiting Time**

Enter the number of minutes the carrier spent waiting for mail after the official starting time.

**30. Column 30 — Counting Time**

Enter the number of minutes actually used to count the mail. Only the carrier's time is recorded and not the postmaster's or supervisor's counting time.

**535.2 PS Form 4241****535.21 Description**

PS Form 4241 is the source document used to determine the evaluation of all rural routes (see [Exhibit 535.21 \(p. 1\)](#), PS Form 4241, *Rural Delivery Statistics Report*).

**535.22 Completion**

- a. **General.** The totals of columns on PS Form 4239 are transferred daily by your Postmaster or supervisor to the proper lines on PS Form 4241. This information may be made available to the carrier.
- b. **Official Length of Route.** Show to two decimal places the official length of the route obtained from the latest PS Form 4003, Official Rural Route Description (see [Exhibit 132.2](#)). Example: Show a route 61.38 miles in length as 06138.

**c. Types of Boxes**

- (1) **Regular Boxes.** Show the number of regular boxes on the route as of the last day of the count. Show 487 boxes as 0487.
- (2) **Centralized Boxes.** Show the number of centralized mailboxes on the route as of the last day of the count. Centralized mailboxes are defined as any mail-receiving unit where the carrier has access to more than one customer's receptacle by opening only one door. This includes such items as CBUs, apartment receptacles, delivery centers, postal centers, mailrooms, etc. Not included are boxes served through nonpersonnel rural units.
- (3) **CBU Collection Compartments.** Record the total number of CBU collection compartments on the route as of the last day of the count. Normally the compartment is located in the top left separation of a CBU. If a carrier serves 40 CBUs and 20 contain collection compartments, an entry of 020 is shown. The collection compartment is not counted and entered as a centralized box in the centralized boxes block. Treat mail collected from these compartments as collection box mail. Do not count or enter this mail in column 20, *Letters and Flats Collected*. (On the first day of any count, enter in the *Comments* section of PS Form 4239 the location of all CBU collection receptacles.)

- (4) **Parcel Lockers.** Record the total number of parcel locker receptacles on the route as of the last day of the mail count. Parcel lockers are used for delivery of ordinary parcels and other items too large to fit in mail receptacles. If there are 10 parcel lockers on the route and each has two parcel post receptacles, record 20 in this block. (On the first day of any count, enter in the Comments section of PS Form 4239 the location of all parcel lockers.)
- (5) **Vehicle Stops for All Boxes.** Enter the minimum number of vehicle stops necessary to serve all boxes on the route. Where a group of boxes can be served without moving the vehicle, count as one stop.

#### 535.23 Additional Information

Please complete the boxes at the bottom of PS Form 4241 as follows:

- a. **Type of Report.** Place a check mark in the appropriate block to identify if the PS Form 4241 is being submitted as the result of a national count, a special count, or an amendment to a previously submitted form.
- b. **Families Served.** Enter in this block the total number of families served. **Example:** If 325 families are served, show an entry of 0325.
- c. **Locked Pouch Stops.** Record in this block the total number of locked pouch stops per day. **Example:** If a carrier delivers two pouches to an office every day, enter the combined weight (rounded to the nearest whole pound) in column Z. However, because only one stop is required, enter one locked pouch stop, shown as 01, in this block. If a carrier stops and leaves one pouch in the a.m. and later returns and leaves another pouch or picks up a pouch, enter in this block two locked pouch stops, shown as 02. Identify the location of locked pouch stops on the reverse of PS Form 4241.
- d. **Mail Withdrawal.** Where a carrier withdraws all mail from distribution cases, place a check mark in the appropriate block provided.
- e. **Follow the Instructions Below for Seasonal Routes.** If this is not a seasonal route, disregard and proceed to the next section.
  - (1) **Seasonal Routes.** If this is a seasonal route, place a check mark in the appropriate block provided.  
**Note:** Seasonal routes Not "In Season" – Proceed to the next section.
  - (2) **In Season.** If the route miles, boxes, stops, and volume data recorded on PS Form 4241 represent a route *In Season*, place a check mark in the appropriate block provided and continue to complete Seasonal miles and box data.
  - (3) **Seasonal Miles.** Record the number of miles traveled daily on the seasonal portion of the route. **Example:** If the seasonal portion of this route represents an additional 13.2 miles, record 1320 in this block.
  - (4) **Seasonal Boxes.** Record the number of regular and centralized boxes on the seasonal portion of the route.

- f. **Vehicle Data.** Place a check mark in the appropriate block to indicate private (EMA) or postal provided (GOV). If the carrier provides a vehicle for the route, place a check mark in the *EMA* block. If the route is assigned a USPS vehicle, place a check mark in the *Govt. Veh.* block. If a USPS vehicle is assigned to the route, the following standard allowances are automatically calculated and included in the route evaluation:
- Each week 24 minutes is provided for completing PS Form 4570, *Vehicle Time Record*, daily; a vehicle safety check (as outlined on Notice 76, *Expanded Vehicle Safety Check*,) daily; and PS Form 4565, *Vehicle Repair Tag*, as appropriate.
  - For each fueling of the vehicle 4.5 minutes is provided. The number of fuelings is determined by multiplying the daily route miles (DRM) by 6 days and dividing the result by 100 miles per fueling.
  - In no instance is a rural route on which an employer-provided vehicle increased in weekly evaluation by less than 30 minutes.
- Note:** If the fueling location is not on the carrier's line of travel, use the following formula to compute the daily average deviation and include it in the total route mileage. Fueling mileage deviation times daily route miles times six divided by 100 miles per fueling divided by 6 days equals daily average deviation.
- g. **Time Used During the Count.** Record in this section during the count period the total time (Hrs. Hund.) represented by the start, leave, return, and end time as recorded on PS Form 4240. Record separately all office, route, and net total time used, as well as any auxiliary assistance time provided the route during the count period. Also enter the total actual time spent by the carrier waiting for or counting the mail. **Example:** If during a 12-day count, a total of 41 hours and 45 minutes was spent in the performance of all office activities, enter a 04175 in this column. The same procedure is applicable to route time, net total time, auxiliary assistance time, and waiting and counting time. Enter only the time the carrier used in counting the mail. (Time entries in the *Waiting* and *Counting* column, taken from columns 29 and 30 on PS Form 4239, do not increase or decrease the route evaluation.) Include intermediate office time in the total office time computation and subtract from the total route time.
- h. **Date of Local Pre-Count Conference.** Enter in this block the date the precount conference was held with the regular carrier assigned to this route.
- i. **High/Low Option.** Any rural carrier whose route may be classified in more than one evaluated classification may elect the higher option if:
  - (1) The requirements of the USPS-NRLCA National Agreement, Article 9.2.C.7 are met, and
  - (2) *Leave Commitment* (explained below) is checked.

- j. **Leave Commitment.** If carriers are eligible to elect the higher option, they must sign the *Leave Commitment* block. By signing this block, a carrier commits to use sufficient annual leave to ensure that total actual workhours do not exceed 2080 during the guarantee period. If the carrier signs this block, place a check mark in the appropriate block provided. If the block is not checked, the route evaluation will be based on the LOW option.

**Note:** Signing this statement fulfills the requirements of Article 9.2.C.7.a(2) of the USPS–NRLCA National Agreement.

- k. **Current Detour-Detour Miles.** Place a check mark in the appropriate block if the route is currently serving a detour. Enter the total number of miles (to two decimal places) the carrier travels daily to serve the detour. **Example:** If the route is currently serving a detour requiring an additional 3.75 miles, record a 0375 in this block.

## 54 Compensation Adjustments

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### 541 Requirements

#### 541.1 Substantial Service Changes

When a substantial service change occurs (an increase or decrease of 60 minutes or more in route evaluation), an adjustment of the evaluated compensation takes place.

#### 541.2 Formula

Such adjustment is made by applying a formula based upon the following:

- a. The volume only factor multiplied by the boxes added to, or subtracted from, the route since the last evaluation. (The volume only portion of the box factor is shown on PS Form 4241-A.)
- b. The appropriate box allowance for those boxes added to, or subtracted from, the route multiplied by the appropriate factor.
- c. The changes in miles multiplied by the appropriate factor.

#### 541.3 PS Form 4003

When a substantial service change, seasonal route change, or a change due to unusual conditions occurs, you receive a copy of PS Form 4003, *Official Rural Route Description*, showing the change.

#### 541.4 Automation Processed Mail

##### 541.41 Additional Compensation

If a carrier assigned a left-hand drive (LHD) employer-provided vehicle is required to use his/her privately owned vehicle, is being compensated under DPS letter standards, and is required to case all or a significant portion (125 pieces or more) of his/her DPS letter mail due to machine failure or other problems, additional compensation will be provided in accordance with the following formula:

- The average daily DPS letter volume from the latest mail count (when all DPS mail is received in a raw, unprocessed state or all DPS mail is improperly processed requiring casing), or
- The actual piece count (when 125 or more pieces require casing) multiplied by (x) 0.0365 minutes per piece equals (=) additional minutes payment.

If a carrier assigned a right-hand drive (RHD) employer-provided vehicle is being compensated under DPS letter standards and is required to case all or a significant portion (125 pieces or more) of his/her DPS letter mail due to machine failure or other problems, additional compensation will be provided in accordance with the following formula:

- The average daily DPS letter volume from the latest mail count (when all DPS mail is received in a raw, unprocessed state or all DPS mail is improperly processed requiring casing), or
- The actual piece count (when 125 or more pieces require casing) multiplied by (x) 0.0465 minutes per piece equals (=) additional minutes payment.

Additional payment procedures will be the same as outlined in Article 9.2.N of the National Agreement between the USPS-NRLCA.

**Note:** Carriers should notify their manager immediately when they receive DPS letter mail requiring casing. If a manager is not readily accessible, carriers should note the number of DPS letter pieces they are required to case and report it to their manager at the first opportunity.

#### 541.42 Formal Review of DPS Letter Mail Processing

If a route receiving DPS mail frequently experiences significant decreases in the quality of the DPS mail or there is a disproportionate reduction in DPS volume in relationship to the total letter volume of the route, the carrier may make a written request asking for a formal review of the DPS processing for the route. If the formal review indicates a zone or route is no longer being properly processed on automated equipment, quality has deteriorated significantly, or a pattern of random automated processing is revealed, management will take corrective action to ensure that the processing is returned to levels equivalent to those experienced during the previous mail count period.

However, if corrective action has not resolved the problem within 30 calendar days of the carrier's written request, management will prepare a PS Form 4003, *Official Rural Route Description*, discontinuing the application of DPS standards. The DPS volume will be reclassified as sector/segment mail (if processing standards are achievable) or raw mail, as appropriate, and a base hour change made to adjust the route evaluation. The PS Form 4003 will be processed with an effective date beginning with the first day of the pay period in which the carrier provided written notification requesting a review of DPS processing.

**541.43    Adjustments**

If, for any reason, management takes a route off of the automated letter mail sort scheme, PS Form 4003, *Official Rural Route Description*, will be prepared to appropriately adjust time allowances and processed to be effective on the first day of the pay period in which the automated processing is discontinued.

**542    Box Allowance****542.1    Definition**

Box allowance is the time allocated for each box that the carrier serves.

**542.2    Non-L Routes****542.21    Regular Boxes**

The box allowance for each regular box is 2.0 minutes.

**542.22    Centralized Boxes**

The box allowance for each centralized box is 1.0 minute.

**542.3    L Routes****542.31    Regular Boxes**

The box allowance for each regular box is 1.82 minutes.

**542.32    Centralized Boxes**

The box allowance for each centralized box is 1.0 minute.

**543    Volume Only Factor****543.1    Computing Volume Only Factor.**

The *volume only factor* is determined by converting the evaluated time from hours and minutes to minutes only and subtracting the following:

- a. Number of miles multiplied by the appropriate factor.
  - b. Number of boxes multiplied by the appropriate time allowance.
  - c. Fixed allowances, such as replenishing stamp stock, office work not covered and personal needs, withdrawal, locked pouch, dismount, CBU collection boxes, parcel lockers, and other suitable allowances.
- The remaining time is divided by the total number of boxes on the route. This determines the volume only factor for the route (see [Exhibit 531.3](#)).

Exhibit 531.3

**PS Form 4241-M, Rural Route Evaluation Worksheet****Rural Route Evaluation Worksheet**

Delivery Unit:		Route #:				
Carrier:		Count Dates:				
PS 4241 Ref. No.	Data Description	Allowance Factors Office Time (min)	Allowance Factors Route Time (min)	Weekly Average	Office Time (mins.)	Route Time (mins.)
*	Route Length		Miles X 12.0			
*	Regular Boxes (Non L)		Boxes X 2.0			
*	Regular Boxes (L only)		Boxes X 1.82			
*	Centralized Boxes		Boxes X 1.0			
*	NDCBU Coll/Comp		Compartments X 1.0			
*	Parcel Lockers		Lockers X 2.0			
1	Random Letters	Wkly Avg *(.0555)				
2	Sector Segment Letters	Wkly Avg *(.0444)				
3a	DPS Letters - Without GOV Vehicle		Wkly Avg *(.0333)			
3b	DPS Letters - With GOV Vehicle		Wkly Avg *(.0232)			
4	Flats, Cat., Magazines, Newspapers, Rolls	Wkly Avg *(.1)				
5a	DPS Flats - Without GOV Vehicle	Wkly Avg *(.0588)				
5b	DPS Flats - With GOV Vehicle		Wkly Avg *(.0232)			
6	Parcels	Wkly Avg *(.333)	Wkly Avg *(.167)			
7	Boxholders	Wkly Avg *(.04)				
8	Accountable Mail (Signature Item)	Wkly Avg *(1.0)	Wkly Avg *(3.466)			
9	Customs Due (Rec'd for Del), C.O.D.	Wkly Avg *(1.5)	Wkly Avg *(4.466)			
10	Postage Due	Wkly Avg *(.2) round to #				
11	Change Of Address	Wkly Avg *(2.0)				
12	PS Form 3982 (PARS Label)	Wkly Avg *(.25)				
13	Markup	Wkly Avg *(.25)				
14	PS Form 3821 (Completed)	Wkly Avg *(2.0)				
15	Non-Signature "scan" Items		Wkly Avg *(.3)			
16	Load Vehicle	Actual Wkly Avg				
17	Other Suitable Allowance	Actual Wkly Avg				
18	Authorized Dismounts		Wkly Avg *(.1)			
19	Authorized Dismount Distance (Feet)		Wkly Avg *(.00429)			
20	Letters, Flats Collected	Wkly Avg *(0.04)				
21	Carrier Pickup Request & Prepaid Parcel Event	Wkly Avg *(0.75)	Wkly Avg *(0.75)			
22	Carrier Pickup Item & Prepaid Parcel over 2lbs.		Wkly Avg *(0.15)			
23	Parcels Accepted, Ordinary, Insured, C.O.D.	Wkly Avg *(2.0)	Wkly Avg *(2.0)			
24	Registered, Certified Accepted		Wkly Avg *(2.0)			
25	Money Order Application Processed	Wkly Avg *(1.5)	Wkly Avg *(2.0)			
26	Return Receipt ('L' Route Only)	Wkly Avg *(0.25)				
27	Not Used					
28	Reserved					
29	Not Used					
30	Not Used					
*	Stamp Stock	20				
*	Scanner (Retrieval / Setup / Return)	6				
*	Strapping Out	Wkly Avg (1)+(2)*(4)-(13)*0.01428				
*	Other Office & Personal	30				
*	Lock Pouch Stops		# of Stops *30			
*	Withdrawing Mail	(Yes = 30) (No = 0)				
*	USPS® Vehicle Allowance		Daily Rte Miles *(6/100*4.5)+24			
*	Reload / Unload		18 min Wkly			
<b>Weekly Totals (Minutes)</b>						
<b>Standard Time (Hours and Minutes)</b>						
Rural Route Evaluation - Low Option						
Rural Route Evaluation - High Option						
Volume Only Factor						

PS Form 4241-M, July 2012



Exhibit 534.2

**PS Form 4239, Rural Route Count of Mail**

UNITED STATES POSTAL SERVICE® <b>Rural Route Count of Mail</b>		Post Office™		State & ZIP#41®		Route No.	
1. Letter Size	2. Sector/Segment Letters	3. DPS Letters	4. Flags, Catalogs, Magazines, Newspapers, Rolls	5. DPS Flats	6. Parcels	7. Boxholders	8. Accountable Mail Signature Item
Total							9. Customs Due Rcv'd. for Del. C.O.D.
							10. Postage Due
11. Change of Address	12. PS Form 3982 PARS Label	13. Marked Up Mail Pieces	14. PS Form 3821 Completed	15. Non Signature "Scan" Items	16. Load Vehicle Explanation Required when time exceeds 15 minutes	17. Other Suitable Allowance Explanation Required	18. Authorized Dismount Distance Required
Total							19. Authorized Dismount Distance Fee
							20. Letters and Flats Collected
21. Carrier Pickup Request Prepaid Parcel Event	22. Carrier Pickup Item Prepaid Parcel Over 2 lbs.	23. Parcel Accepted, Ordinary, Insured, C.O.D.	24. Registered Certified Accepted	25. Money Order Application Processed	26. Return Receipt "L" Route Only	27. Lock Pouch Weight Carried Daily	28. Reserved
Total							29. Waiting Time
							30. Counting Time
Comments							
<b>I certify that the above is correct.</b>				Day	Date	Carrier or Supervisor's Signature	

PS Form 4239, July 2012

Exhibit 535.21 (p. 1)

**PS Form 4241, Rural Delivery Statistics Report**

 <b>UNITED STATES POSTAL SERVICE®</b> <b>Rural Delivery Statistics Report</b>				Post Office™, State, and ZIP+4®							
District				District ZIP Code™			Carrier's Name				
Date of Count From - Through		Finance No.		Route No.	Route Miles (Hundreds)	Regular Boxes	Centralized Boxes	NDCBU Coll. Comps.	Parcel Lockers	Vehicle Stops	
Date	1. Letter Size	2. Sector/ Seg- ment Letters	3. DPS Letters	4. Flats, Catalogs, Magazines, Newspapers, Rolls	5. DPS Flats	6. Parcels	7. Boxholders	8. Accountable Mail Signature Item	9. Customs Due, Rec'd for Del., C.O.D.	10. Postage Due	
<b>Total</b>											
Date	11. Change of Address	12. PS Form 3982 PARS Label	13. Marked Up Mail Pieces	14. PS Form 3821 (Completed)	15. Non- Signature Scan Items	16. Load Vehicle*	17. Other Suit- able Allowance (Exp. Req.)	18. Authorized Dismounts (Exp. Req.)	19. Authorized Dismount Distance (Feet)	20. Letters & Flats Collected	
<b>Total</b>											
Date	21. Carrier Pickup Request Prepaid Parcel Event	22. Carrier Pickup Item Prepaid Parcel Over 2 lbs.	23. Parcel Accepted Ordinary, Insured, COD	24. Registered, Certified Accepted	25. Money Order Application Processed	26. Return Receipt ("L" Route Only)	27. Locked Pouch Weight	28. Reserved	Date of Local Pre-Count Conference  High Option? Yes   No  Leave Commitment Signed? Yes   No  Current Detour? Yes   No  Detour Miles (Hundreds)		
<b>Total</b>											
National	Special	Amended	Negated	Vehicle Data	EMA	Govt. Veh.	In the event that I am eligible to elect a higher route classification, I agree to use sufficient annual leave during the guarantee period to assure that my total actual work hours will not exceed 2,080 during the guarantee period.  Carrier's Signature for "Leave Commitment"				
Number of Families Served				Time Used During Count (Hrs. & Hund.) (Subtract Lunch Time from Office and/or Route Time as Reported on PS Form 4240)							
Number of Locked Pouch Stops (If applicable)											
Mail Withdrawal?   Yes   No				Office Time							
Seasonal Route?   Yes   No				Route Time							
In Season?   Yes   No				Net Total Time							
Seasonal Miles (Hundreds)				Auxiliary Assistance	Office		Count Data Certified To Be Correct/Agreement with Count  Carrier's Signature and Date (MM/DD/YYYY)  Postmaster's Signature and Date (MM/DD/YYYY)				
Seasonal Regular Boxes				Used	Route						
Seasonal Central Boxes				Waiting and Counting Time							
PS Form 4241, July 2012   * Explanation Required when time exceeds 15 Min.											

Exhibit 535.21 (p. 2)

**PS Form 4241, Rural Delivery Statistics Report (Comments)**

COMMENTS ON FORM 4241

COLUMN R: 2 - 5 min safety talks  
20 sec./daily - to + from  
throwback case

DISMOUNT: West TRAVEL MON-SAT  
(1 business - 6 days)

AUTHORIZED: 174 feet/day

Exhibit 535.31

**PS Form 4241-A, Rural Route Evaluation**

DIS		U.S. Postal Service RURAL ROUTE EVALUATION										FOR PP		DATE PROCESSED	
Post Office, State and Zip + 4 Code		Finance No.										Date of Count			
Weekly Time Allowances For Number Delivered															
Line No.	Letters	Second Seg Letters	Flats	Parcels	Boxholders	Reg Cert Spec Exp and Ins	COD's Due	Customs Due	Address Changes	Markups	Forms 3321	DPS Letters (Route Time)			
1	Collected Letters and Flats	Accepted	Postage Dues	Loading	Other	Withdrawing	Strapping			Stamps	Personal Time	Return Receipts			
2	Weekly Time Allowance For Number Accepted	Parcels (ordinary & insured)	M.O. Application	Registered & Certified	Parcels Route-Time	Miles	Box	Locked Pouch Delivery	NDCBU Cell/Comp Parcel Locker		Dismount Allow				
3	Standards (in hours and minutes)				Actual Time (in hours and minutes)		Aux Assist (hrs & mins)		Wait & Count		Reload Unload (Route Time)				
Line No.	Volume Factor	Office Route	Total	Office	Route	Total	Office	Route							
4															
Line No.	Miles	Regular Boxes	Central Boxes	Total Boxes	Vehicle Stops	Families Served	USPS Vehicle Used	Weekly Dismounts	Dismount Distance	Rotate Relief					
5															
Line No.	Rte No.	Name		Social Security Number	Des	Step	Salary	FLSA	Eval Hours	EMA	Lock Pouches	Protected Salary	Guaranteed Salary		
6															

**NOTE:** The figures shown on Lines 1, 2, and 3 represent the number of minutes allowable under the daily time standards for a one week period. These minutes were developed from the mail count data on Forms 4241. All Line 1 and 2 items except DPS Letters represent office time. Line 1 DPS Letters and all Line 3 items and Line 4 Reload/Unload represent route time. Line 4 (standard total) except Reload/Unload is a composite of Lines 1, 2, and 3. If monetary locked pouch allowance is authorized, the time shown for Locked Pouch Delivery on Line 3 is not included in the Standard Time shown on Line 4. Line 5 represents current route statistics from latest base hour change. Line 6 represents the carrier's salary information.

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