

United States Postal Service
Carrier - Auxiliary Control

| | | | | | | | | |
|---|---|---|--------------------------------|---|---|---|--|--|
| A. Delivery Unit | | | B. Telephone | | | C. Date | | |
| D. Carrier's Name and Route No. | | | E. Lunch Place and Time | | | | | |
| F. Indicate entire or portion of the case shelves covering mail as street auxiliary assistance | | | | | | G. Keys Required? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 1 | 2 | 3 | 4 | 5 | 6 | H. Carfare Required? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | | | | | | I. Accountable Mail? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| J. Reason For Use of Auxiliary | | | | | | | | |

| K. Estimated Work | | L. Management Action. Check and initial all appropriate actions. | | | | | | |
|-------------------|---------|--|--|--|--------------------------------------|--|-------|---------|
| Hours | Minutes | Auxiliary Assistance | | | Overtime | | Hours | Minutes |
| | | Approved <input type="checkbox"/> | | | Approved <input type="checkbox"/> | | | |
| | | Disapproved <input type="checkbox"/> | | | Disapproved <input type="checkbox"/> | | | |

M. Transportation (If drive-out, show parking location(s) on reverse)

Transportation Mode to and from route: Postal owned: Drive-out: Contract: Public:

N. Starts Delivery at: * Collect mail from all collection boxes on your part of the route, unless instructed otherwise.

Deliver

Collection boxes locations:

| | |
|---|---|
| 1 | 4 |
| 2 | 5 |
| 3 | 6 |
| 4 | |
| 5 | |
| 6 | |

O. Find Relays At:

| | |
|---|---|
| 1 | 4 |
| 2 | 5 |
| 3 | 6 |

P. Assistance Completed By (Carrier Name and regular route number if assigned):

| Office Time | | Street Time | | | | Total Auxiliary Time |
|-------------|-----------|-----------------|----------------|-------------------|--------------|----------------------|
| Begin Time | Time Used | Begin Travel To | Begin Delivery | Begin Travel From | Travel To | |
| | | | | | Delivery | |
| End Time | | End Travel To | End Delivery | End Travel From | Travel From | |
| | | | | | Total Street | |

Instructions

The regular carrier shall prepare the form as follows (except as indicated)

- A. Enter the name of the delivery unit.
- B. Enter the telephone number for the unit.
- C. Enter the date requesting assistance.
- D. Enter the name of the carrier requesting assistance or overtime and the route number.
- E. Enter the lunch place and time, if applicable.
- F. Place an "X" in space below the number indicating the case shelf containing the mail for which assistance is being requested. The bottom shelf of the letter separations is designated under 1. When assistance is required for less than a full shelf of mail, enter the portion of shelf in fractions. The portion should be identified as follows: L 1/2; R 1/4; (L) indicates "Left"; (R) Right; and (M) is for Middle of the shelf.
- G. Indicate if Keys are required for delivery of this portion of the route.
- H. Indicate if Carfare is required for delivery of this portion of the route.
- I. Indicate if there are any Accountable mail pieces for delivery of this portion of the route.
- J. Show the reason assistance is being requested. (Omit during Christmas period)
- K. The carrier must enter the estimated hours and minutes of the amount of assistance being requested.
- L. MANAGEMENT ACTION - This section is completed by the manager reviewing the form.

The manager reviews the request and makes a determination as to the appropriate actions. The manager shall check the appropriate actions and initial each section.

- M. Show the transportation information as indicated.
- N. Indicate the delivery starting point and the blocks of each street to be delivered.
- O. List the points where relays will be found.

The form is handed to the carrier assigned to provide the assistance, who will complete the bottom time entries.

- P. This section is completed by the carrier providing the assistance and the delivery manager. It is broken into four sections; the replacement carriers name, office work, street work and the total workhours used.

The carrier will complete the following items:

The assisting carrier will enter their name and regular route number if applicable;
Enter the begin and end time for any office work performed as assistance on this route;
Enter the begin travel time to the delivery territory and the end travel time to the delivery territory on this route;
Enter the begin delivery time to the delivery territory and the end delivery time on this route;
Enter the begin travel time from the delivery territory and the end travel time from the delivery territory on this route, and then turn in the completed form to the delivery manager.

The Delivery Manager will complete the following item:

Office time used;
Travel to time;
Delivery time;
Travel from time;
Total street time, and
Total auxiliary time used.

Park locations:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |