

United States Postal Service

Contractor Employee Assignment Notification

(Submit in Duplicate)

Effective Date *(Month, date, year)*

Employee's Name *(Last, first, and middle)*

Social Security Number

State and Number of Driver's License
(If applicable)

Home Address *(Number, street, apt. no., city, state, and ZIP Code)*

Sex

Male

Female

Birthdate *(Month, date, year)*

Height

Weight

Birthplace *(City and state)*

Permanent Assignment
(Exempt from postal screening procedures)

Emergency Assignment
(Not to exceed 15 days)

Our employee, described above, has an assignment requiring access to mail or postal premises under our contract with the United States Postal Service

Contractor's Name

Contract Number

Administrative Official's Name

Authorized Signature

Authorized Signature

