

Name (Last, First, MI)		SSN		DES/ACT	
DPP (PSDS) MMDD (ETC)	Tr. Code	FON-LU	Route Number		Time (HRs./100s)

Input by (Initials)	Date	Signature of Supervisor	Pay Loc.	Date
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Time Conversion Table

Minutes	Hun- dredths
0	.00
1	.02
2	.03
3	.05
4	.07
5	.08
6	.10
7	.12
8	.13
9	.15
10	.17
11	.18
12	.20
13	.22
14	.23
15	.25
16	.27
17	.28
18	.30
19	.32
20	.33

Minutes	Hun- dredths
21	.35
22	.37
23	.38
24	.40
25	.42
26	.43
27	.45
28	.47
29	.48
30	.50
31	.52
32	.53
33	.55
34	.57
35	.58
36	.60
37	.62
38	.63
39	.65
40	.67

Minutes	Hun- dredths
41	.68
42	.70
43	.72
44	.73
45	.75
46	.77
47	.78
48	.80
49	.82
50	.83
51	.85
52	.87
53	.88
54	.90
55	.92
56	.93
57	.95
58	.97
59	.98

"The collection of this information is authorized by 39 USC 401, 1003, 1005, 5 USC 8339. It will be used to reflect accurate time-keeping. 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 investigative or prosecution proceedings, to a congressional office at your request, to 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 voluntary; however, if this information is not provided, you may not be paid for hours worked."