U.S. Postal Service® Post Office™, S								State and ZIP +4®							Guarantee Period			Period		Pay Period(s)				
Rural Carrier Trip Report															Fror	m		Thru	N	o. Fro	om	Th	ıru	
		tions for con			reverse)																			
Regular Carrier					Regular Relief Carrier								Ø					Regu	ılar Rural	Carrier				
Nan	ne		EIN					Name				EIN				o iii				Но	ours		Hundre	dths
														:	ĬŢ ĬŢ	Beginning of PP		P			$\overline{}$			
		Official Schedule of Carrier								Actual	Number]								
Reports		Leaves		Returns Ends		ls	Regular Boxe	s Centra	Boxes Stop	Boxes Stops		Families	s Bus	sinesses	\Box	S C	Current PP							
																₫	End of PP			7				
															⊢		2.10 0111							
Route No.		Length (Weekly Route		Weekly Hours		Daily Hours		Boxes Vac	cant Over		1			DE	IVERY DATA				
				□ "L" □ М □J □ A □ Non □ "L" □ Н □ К		J 🗖 Aux	Standard Hrs.	/Mins.	(Evaluated)		(Evaluated)	9	90 Days		Γ	Resi		sidential		Busin		usiness	ess	Det
						K										Other	Curb	NDCBU	Other	Other	Curb	NDCBU	Other	Box/
			Τ,	Carrier's Daily Time Reco				* Manageme			ment Daily and	ent Daily and Weekly Verifications				Otrici	Cuib	NDCDO	Central	Other	Cuib	NDCBO	Central	NPU
Day of Week			\vdash	Rptd. Left Rtnd. at Office to Post to Serve Post Office Route Office		minutes)		Tota	Total Actual		Regular	r Relie	ef											
			F			1	Comp.	Lunch Period Actual Time	Daily Hours and		Daily	Carrier	Carrie	er Mana	[!	REM/	MARKS							
		Date				1	Work at Post			dredths s <i>Lunch</i>)	Overtime	Weekly Work	Weekl Work	'y \	.:	serve	lain any failure to serve the entire route; include miles actually ed. Also, state cause for any deviation from schedule. If regular er was absent, give name of relief. If more space is needed, use					ally uular		
						Office			Regular	Relief		Hours			ies							l, use		
		(1)		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)) (12	-	revers	se of th	is form.)				·		
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I certify that this report is correct, and that entries have been made promptly daily.									I certify that all entries have been comple															
Carrier's Signature Date (MM/DD/YYYY)								Postmaste	Postmaster or Designated Supervisor's Signature Date (MM/DD/YYYY)															
																			ı					

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

Postmaster or Designated Supervisor shall:

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

Carrier Shall:

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

Names	Names of Post Offices Supplied by Locked Pouch:													
1.			4.	7.										
2.			5.	8.										
3.			6.	9.										
Use this information to update "DELIVERY DATA" when the next PS Form 4240 is prepared. Box #. Street Address. Residential Business														
	5 (0)	Box #, Street Add			Resid	lential								
Date	Boxes/Stops (+) or (-)	Apt./Suite # ar Customer's Nai	าd me	Other	Curb	NDCBU	Other Central	Other	Curb	NDCBU	Other Central	Det Box/ NPU		
Addition	nal Information													