

28 Carrier-Auxiliary Control

Prepare Form 3996, *Carrier-Auxiliary Control* (see exhibit 28) as follows:

- a. *Items C, D, and E.* Enter the date (C); route number and name (D); lunch place and time, if applicable (E).
- b. *Item F.* Place an X in the 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 No. 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; M 1/2; (L-Left, R-Right, M-Middle of the shelf).
- c. *Items G, H, and I.* Indicate if keys and/or carfare are required and if there is accountable mail for delivery on the route.
- d. *Item J.* Show the reason in detail for requesting assistance. The phrase "Heavy Mail" is not suitable explanation. (Omit reason for requesting assistance during the Christmas period.)
- e. *Item K.* Under *Estimated Work*, the carrier must enter the estimated hours and minutes of the amount of assistance being requested.
- f. Present form to manager.
- g. *Item L — Auxiliary Assistance.* If assistance is approved the manager shall initial Form 3996 and return it to the carrier for completion of route information.
- h. *Overtime.* If overtime is approved, the manager shall initial the form and enter near his initials the amount of overtime in minutes. After advising the carrier, the form is then deposited in a designated place for use later when the timecard or printout is verified.
- i. *Street Assistance.* When street assistance is approved, the regular carrier shall complete the additional sections of the form as follows.
- j. *Item M.* Show transportation information as indicated.
- k. *Item N.* Indicate the delivery starting point and the blocks on each street to be delivered.
- l. *Item O.* List the points where relays will be found.
- m. *Item P — Carrier Assistant.* Before leaving, enter name and time beginning and ending office work if auxiliary assistance is given in office. Enter begin and end travel to time for street assistance. Enter the begin and end delivery time used to actually deliver all of the assistance. *After completing actual assistance*, enter the begin and end travel from time in the appropriate spaces. Deposit the form in designated place or give it to the manager.

Exhibit 28

United States Postal Service Carrier - Auxiliary Control										
A. Delivery Unit <i>Atlantic St... Station</i>					B. Telephone <i>268-5684</i>		C. Date <i>11/12/97</i>			
D. Carrier's Name and Route No. <i>J Long 0105</i>					E. Lunch Place and Time					
F. Indicate entire or portion of the case shelves covering mail to be given as street auxiliary assistance Consider the bottom shelf as number 1.							G. Keys Required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
1	2	3	4	5	6	H. Carfare Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
				<i>R 112</i>	X	I. Accountable Mail? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
J. Reason For Use of Auxiliary <i>2 Sets of sequenced mail and day after holiday and Saturday business mail for closed business.</i>										
K. Estimated Work		L. Management Action. Check and initial all appropriate actions.								
Hours	Minutes	Auxiliary Assistance			Hours	Minutes	Overtime		Hours	Minutes
<i>1</i>	<i>30</i>	Approved <input checked="" type="checkbox"/> <i>T.G.</i>			<i>1</i>	<i>30</i>	Approved <input type="checkbox"/>			
		Disapproved <input type="checkbox"/>					Disapproved <input checked="" type="checkbox"/> <i>T.G.</i>			
M. Transportation (If drive-out, show parking location(s) on reverse)										
Transportation Mode to and from route:		Postal owned: <input checked="" type="checkbox"/>		Drive-out: <input type="checkbox"/>		Contract: <input type="checkbox"/>		Public: <input type="checkbox"/>		
N. Starts Delivery at: <i>550 Grove St.. apartment house</i>					* Collect mail from all collection boxes on your part of the route, unless instructed otherwise.					
Deliver <i>562-551 Grove St..</i>					Collection boxes locations:					
<i>545-548 Grove St..</i>					1 <i>550 Grove St..</i>					
<i>780-779 Bedford St..</i>					2 <i>780 Bedford St..</i>					
<i>781-783 Bedford St..</i>					3					
					4					
					5					
					6					
O. Find Relays At:										
1 <i>Grove St.. and Bedford St..</i>					4					
2 <i>780 Bedford St..</i>					5					
3					6					
P. Assistance Completed By (Carrier Name and regular route number if assigned): <i>L. Cantoo 0122</i>										
Office Time		Street Time					Total Auxiliary Time <i>1:45</i>			
Begin Time	Time Used	Begin Travel To	Begin Delivery	Begin Travel From	Travel To	<i>:10</i>				
		<i>2:45</i>	<i>2:55</i>	<i>4:20</i>	Delivery	<i>1:25</i>				
End Time		End Travel To	End Delivery	End Travel From	Travel From	<i>:10</i>				
		<i>2:55</i>	<i>4:20</i>	<i>4:30</i>	Total Street	<i>1:45</i>				

PS Form 3996, November 1997