

Letter Carrier's Comment Form for PS Form 3999 Consultation

The letter carrier should complete this form on the day of the 3999, one day walk, and take it with them to the 3999 consultation. Finish completion of the form at the consultation, attach completed form to the 3999 and retain a copy for your records.

Route # _____ Carrier Name _____
Zip Code _____ 3999 Examiner's Name _____
Date of 3999 _____ Day of the Week 3999 Done: M TU W TH F S
Move to the Street Time: _____ Return to Office Time: _____

MAIL VOLUME Delivered: Heavy Average Light (circle one)

Third Bundle Sequenced delivered? YES NO Fourth Bundle Sequenced delivered? YES NO

Did You Curtail any Mail? YES NO If yes, how much in feet: Letters _____ Flats _____
Sequenced Mailings Curtailed? YES NO

Did you complete a form 3996? YES NO If YES, how much overtime/assistance did you request? _____

Was any assistance provided to you? YES NO If YES, what delivery section did you hand-off?

Were you instructed to return to the office by a specific time? YES NO

Vehicle Load, Vehicle Unload, are street functions.

Did you load and unload your vehicle on STREET time? YES NO

Did you separate and deposit outgoing/raw mail on STREET time? YES NO

On OFFICE time? YES NO

After the One Day Walk at the Form 3999 Review Meeting

Was the non-recurring time (time deductions) on the form 3999 properly explained to you during the 3999 consultation? YES NO Are the entries for Personal Time on the 3999 accurate? YES NO If NO, please explain.

