

U.S. Postal Service® Rural Carrier Trip Report				Post Office™, State and ZIP + 4®						Guarantee Period				Pay Period			
				DesAct and Name				EIN				From		Through			
Regular Carrier																	
Regular Relief Carrier																	
Finance Number	Route			Weekly Route Standard (Hours:Minutes)	Weekly Hours (Evaluated)	Daily Hours (Evaluated)	Vehicle	Cumulative Work Hours for Regular Carrier for Guarantee Period (Hours.Hundredths)				Beginning of Pay Period		End of Pay Period			
	Type	Number															
Length (Miles)	Regular Boxes	Central Boxes	Stops	Collection Compartments	Daily Dismounts	Daily Dism. Dist.	Cent CBU									Inter Unit High	Inter Unit Low
Official Schedule of Carrier			Reports	Leaves	Returns	Ends					AMS Delivery Data	Other	Curb	NDCBU	Other Central	Boxes Vacant Over 90 Days	
											Residential				Families		
											Businesses				Businesses		
											Det Box/NPU						

Day of Week	Date	Carrier's Actual Daily Time Record (Exact hour and minutes)					Total Actual Daily Work Hours (Less Lunch) (Hours.Hundredths)	Daily Overtime	Initials of Manager Verifying Entries	REMARKS Explain any failure to serve the entire route; include miles actually served. State cause for any deviation from schedule. If regular carrier was absent, give name of relief.			
		Reported to Post Office	Left Office to Service Route	Returned to Post Office	Comp Work at Post Office	Lunch Period Actual Time O or S							
		(1)	(2)	(3)	(4)	(5)	(6)	Regular			Relief	(7)	(8)
Week1	Sat.												
	Mon.												
	Tue.												
	Wed.												
	Thu.												
	Fri.												
					Weekly Work Hours				Regular Carrier Weekly Overtime				
Week2	Sat.												
	Mon.												
	Tue.												
	Wed.												
	Thu.												
	Fri.												
					Weekly Work Hours				Regular Carrier Weekly Overtime				

I certify that this report is correct, and that entries have been made promptly daily.				I certify that all entries have been completed and verified.			
Carrier's Signature			Date (MM/DD/YYYY)	Postmaster or Designated Supervisor's Signature			Date (MM/DD/YYYY)