

CCA TIPS and TRAINING

Helping to Make Your
Postal Career a Success

November 2016

PART TWO

Preserving the Right of Letter Carriers to be Treated with
Dignity and Respect

M-39, Section 115.4 Maintain Mutual Respect Atmosphere

The National Agreement sets out the basic rules and rights governing management and employees in their dealings with each other, but it is the front-line manager who controls management's attempt to maintain an atmosphere between employer and employee which assures mutual respect for each other's rights and responsibilities.

The Joint Statement on Violence and Behavior in the Workplace:

We openly acknowledge that in some places or units there is an unacceptable level of stress in the workplace; that there is no excuse for and will be no tolerance of violence or any threats of violence by anyone at any level of the Postal Service; and that there is no excuse for and will be no tolerance of harassment, intimidation, threats, or bullying by anyone. We also affirm that every employee at every level of the Postal Service should be treated at all times with dignity, respect, and fairness. The need for the USPS to serve the public efficiently and productively, and the need for all employees to be committed to giving a fair day's work for a fair day's pay, does not justify actions that are abusive or intolerant. "Making the numbers" is not an excuse for the abuse of anyone. Those who do not treat others with dignity and respect will not be rewarded or promoted. Those whose unacceptable behavior continues will be removed from their positions.

ELM, Section 665.24 Violent and/or Threatening Behavior:

The Postal Service is committed to the principle that all employees have a basic right to a safe and humane working environment. In order to ensure this right, it is the unequivocal policy of the Postal Service that there must be no tolerance of violence or threats of violence by anyone at any level of the Postal Service. Similarly, there must be no tolerance of

harassment, intimidation, threats, or bullying by anyone at any level. Violation of this policy may result in disciplinary action, including removal from the Postal Service.

Article 14, Section 1 of the National Agreement States:

Section 1. Responsibilities It is the responsibility of management to provide safe working conditions in all present and future installations and to develop a safe working force. The Union will cooperate with and assist management to live up to this responsibility. The Employer will meet with the Union on a semiannual basis and inform the Union of its automated systems development programs. The Employer also agrees to give appropriate consideration to human factors in the design and development of automated systems. Human factors and ergonomics of new automated systems are a proper subject for discussion at the National Joint Labor Management Safety Committee.

PS Form 1767 Describe hazard, unsafe condition or practice Example:

Management at the Cleveland Post Office 44111 violated the Joint Statement on Violence and Behavior in the Workplace. On Saturday October 1st Supervisor Smith approached Carrier Jones and stated: "You will carry an hour extra, you will be back on time, and if you don't then you will face the consequences when you get back!" This is also a violation of the M-39, section 115.4, the ELM, section 665.24 and Article 14, section 1.

Report of Hazard, Unsafe Condition or Practice



Hazard Control Number
(Assigned by Safety Officer)

I. EMPLOYEE ACTION

Area (Specify Work Location)

Describe hazard, unsafe condition or practice. Recommended corrective action.

II. SUPERVISOR'S ACTION

Recommend or describe action taken to eliminate the hazard, unsafe condition or practice. (If corrective action has been taken, indicate the date of abatement.)

Supervisor

Signature

III. APPROVING OFFICIAL'S ACTION (Check One and Complete)

The following corrective action was taken to eliminate the hazard, unsafe condition or practice (Indicate date of abatement):

A work order has been submitted to the manager, plant maintenance to effect the following change:

There are no reasonable grounds to determine such a hazard exists. This decision is based upon:

Approving Official

Signature

Date

Date Employee
Notified

IV. MAINTENANCE ACTION (Complete if Necessary)

Maintenance Supervisor

Signature

Date

Date Hazard
Abated



INSTRUCTIONS

I. EMPLOYEE

- a. Complete section I. and file it with your immediate supervisor.
- b. If you desire anonymity, complete section I. (including your name) and file the report with the safety Office, Safety personnel will immediately return the form to your supervisor for necessary action, and will delete your name from the form to ensure your anonymity.

II. SUPERVISOR

- a. Investigate the alleged hazard during the same tour of duty in which the report was received.
- b. Abate the hazard if it is within the scope of your authority to do so.
- c. Record the action taken to eliminate the hazard or record recommendation for corrective action in section II. and sign your name.
- d. Forward the original and yellow copy to your immediate supervisor (approving official); send the pink copy to the Safety Office; and give the employee the remaining blue copy as a receipt. It is your responsibility to monitor the status of the report, at all times, until the hazard is abated.

III. APPROVING OFFICIAL

- a. Initiate action to eliminate or minimize the hazard. If this results in the submission of a work order, attach the original of this form, and forward through channels, to the manager, Plant Maintenance.
- b. If you determine that there are no reasonable grounds to believe a hazard exists, notify the employee in writing within 15 calendar days. Safety personnel will assist you in this determination when requested.
- c. If the hazard was abated by the first line supervisor or when it has been abated through your actions, notify the employee in writing, and send the original of this form to the Safety Office.

IV. MAINTENANCE SUPERVISOR

When the work order has been completed, sign, date, and return the original of this form to the approving official who will then forward it to the Safety Office.

NALC BRANCH 40
CARRER CARRIER ASSISTANT
TRAINING

TOPICS:

DELIVERY AND STREET FUNCTIONS

1. PS 3996
 - A. TIME ASSIGNED RAW TIME VS DELIVERY TIME
 - B. LOAD TIME AND PARCELS
 - C. TRAVEL TIME

2. STREET DELIVERY
 - A. MSP SCANS
 - B. PARCEL SCANS
 - C. LUNCH, BREAKS AND COMFORT STOPS

3. SANCTITY OF THE MAIL
 - A. THROWING AWAY MAIL (GOOGLE ATLANTA)
 - B. ADDRESSED WALK SEQUENCE MAILINGS (RECENT CLEVELAND)
 - C. DELIVERING MAIL TO THE RIGHT ADDRESS (SHOE INCIDENT)

4. DEALING WITH MANAGEMENT
 - A. THE 2 PM PHONE CALL STILL ONLY 3 OPTIONS
 1. DELIVER ALL THE MAIL
 2. BRING BACK THE MAIL
 3. MANAGEMENT WILL SEND YOU HELP
 - B. YOU ARE GETTING PAID
 - C. UNFORSEEN CIRCUMSTANCES

5. RETURNING TO THE OFFICE
 - A. MISSORT MAIL
 - B. REDLINE POLICY
 - C. 5 MINUTE OFFICE TIME

6. QUESTIONS AND PRACTICAL EXERCISES

United States Postal Service
Carrier - Auxiliary Control

A. Delivery Unit			B. Telephone			C. Date		
D. Carrier's Name and Route No.			E. Lunch Place and Time					
F. Indicate entire or portion of the case shelves covering mail as street auxiliary assistance						G. Keys Required? Yes <input type="checkbox"/> No <input type="checkbox"/>		
1	2	3	4	5	6	H. Carfare Required? Yes <input type="checkbox"/> No <input type="checkbox"/>		
						I. Accountable Mail? Yes <input type="checkbox"/> No <input type="checkbox"/>		
J. Reason For Use of Auxiliary								

K. Estimated Work		L. Management Action. Check and initial all appropriate actions.						
Hours	Minutes	Auxiliary Assistance		Hours	Minutes	Overtime	Hours	Minutes
		Approved <input type="checkbox"/>				Approved <input type="checkbox"/>		
		Disapproved <input type="checkbox"/>				Disapproved <input type="checkbox"/>		

M. Transportation (If drive-out, show parking location(s) on reverse)

Transportation Mode to and from route: Postal owned: Drive-out: Contract: Public:

N. Starts Delivery at:	* Collect mail from all collection boxes on your part of the route, unless instructed otherwise.
Deliver	Collection boxes locations:
	1
	2
	3
	4
	5
	6

O. Find Relays At:	
1	4
2	5
3	6

P. Assistance Completed By (Carrier Name and regular route number if assigned):

Office Time		Street Time				Total Auxiliary Time
Begin Time	Time Used	Begin Travel To	Begin Delivery	Begin Travel From	Travel To	
					Delivery	
End Time		End Travel To	End Delivery	End Travel From	Travel From	
					Total Street	

Instructions

The regular carrier shall prepare the form as follows (except as indicated)

- A. Enter the name of the delivery unit.
- B. Enter the telephone number for the unit.
- C. Enter the date requesting assistance.
- D. Enter the name of the carrier requesting assistance or overtime and the route number.
- E. Enter the lunch place and time, if applicable.
- F. Place an "X" in 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 under 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; (L) indicates "Left"; (R) Right; and (M) is for Middle of the shelf.
- G. Indicate if Keys are required for delivery of this portion of the route.
- H. Indicate if Carfare is required for delivery of this portion of the route.
- I. Indicate if there are any Accountable mail pieces for delivery of this portion of the route.
- J. Show the reason assistance is being requested. (Omit during Christmas period)
- K. The carrier must enter the estimated hours and minutes of the amount of assistance being requested.
- L. MANAGEMENT ACTION - This section is completed by the manager reviewing the form.

The manager reviews the request and makes a determination as to the appropriate actions. The manager shall check the appropriate actions and initial each section.

- M. Show the transportation information as indicated.
- N. Indicate the delivery starting point and the blocks of each street to be delivered.
- O. List the points where relays will be found.
- P. This section is completed by the carrier providing the assistance and the delivery manager.

It is broken into four sections; the replacement carriers name, office work, street work and the total workhours used.

The carrier will complete the following items:

- The assisting carrier will enter their name and regular route number if applicable;
- Enter the begin and end time for any office work performed as assistance on this route;
- Enter the begin travel time to the delivery territory and the end travel time to the delivery territory on this route;
- Enter the begin delivery time to the delivery territory and the end delivery time on this route;
- Enter the begin travel time from the delivery territory and the end travel time from the delivery territory on this route, and then turn in the completed form to the delivery manager.

The Delivery Manager will complete the following item:

- Office time used;
- Travel to time;
- Delivery time;
- Travel from time;
- Total street time, and
- Total auxiliary time used.

Park locations:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

United States Postal Service
Carrier - Auxiliary Control

A. Delivery Unit **West Park 44111** B. Telephone **2166710606** C. Date **10/27/2016**

D. Carrier's Name and Route No. **Poston Erick J 11001** E. Lunch Place and Time **library 1245-1315**

F. Indicate entire or portion of the case shelves covering mail as street auxiliary assistance						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. Accountable Mail? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

J. Reason For Use of Auxiliary
 leave time 0840 -- leaving on time due to 2 feet total mail
 management assigned 30 minute pivot -- unable to complete by 1630
 weather issues today rain/cold 42* -- need to put gas in truck

K. Estimated Work		L. Management Action. Check and initial all appropriate actions.					
Hours	Minutes	Auxiliary Assistance		Hours	Minutes	Overtime	
	30	Approved <input type="checkbox"/>				Approved <input type="checkbox"/>	
		Disapproved <input type="checkbox"/>				Disapproved <input type="checkbox"/>	

M. Transportation (If drive-out, show parking location(s) on reverse)

Transportation Mode to and from route: Postal owned: Drive-out: Contract: Public:

N. Starts Delivery at:	* Collect mail from all collection boxes on your part of the route, unless instructed otherwise.
Deliver	Collection boxes locations:
	1
	2
	3
	4
	5
	6

O. Find Relays At:

1	4
2	5
3	6

P. Assistance Completed By (Carrier Name and regular route number if assigned):

Office Time		Street Time				Total Auxiliary Time
Begin Time	Time Used	Begin Travel To	Begin Delivery	Begin Travel From	Travel To	
					Delivery	
End Time		End Travel To	End Delivery	End Travel From	Travel From	
					Total Street	

United States Postal Service
Carrier - Auxiliary Control

A. Delivery Unit **West Park 44111** B. Telephone **2166710606** C. Date **10/27/2016**

D. Carrier's Name and Route No. **Poston Erick J 11001** E. Lunch Place and Time **library 1245-1315**

F. Indicate entire or portion of the case shelves covering mail as street auxiliary assistance

1	2	3	4	5	6

G. Keys Required? Yes No
H. Carfare Required? Yes No
I. Accountable Mail? Yes No

J. Reason For Use of Auxiliary
leave time 0840 -- leaving late 0900 due to 3 feet of total mail
full coverage walk sequence -- not feeling well today
weather snow"/cold 25* -- 20 parcels above base x 1.5 = 30 min

K. Estimated Work		L. Management Action. Check and initial all appropriate actions.					
Hours	Minutes	Auxiliary Assistance		Hours	Minutes	Overtime	
1	00	Approved <input type="checkbox"/>				Approved <input type="checkbox"/>	
		Disapproved <input type="checkbox"/>				Disapproved <input type="checkbox"/>	

M. Transportation (If drive-out, show parking location(s) on reverse)

Transportation Mode to and from route: Postal owned: Drive-out: Contract: Public:

N. Starts Delivery at: * Collect mail from all collection boxes on your part of the route, unless instructed otherwise.

Deliver	Collection boxes locations:
	1
	2
	3
	4
	5
	6

O. Find Relays At:

1	4
2	5
3	6

P. Assistance Completed By (Carrier Name and regular route number if assigned):

Office Time		Street Time				Total Auxiliary Time
Begin Time	Time Used	Begin Travel To	Begin Delivery	Begin Travel From	Travel To	
					Delivery	
End Time		End Travel To	End Delivery	End Travel From	Travel From	
					Total Street	

United States Postal Service
Carrier - Auxiliary Control

A. Delivery Unit West Park 44111	B. Telephone 2166710606	C. Date 10/27/2016
D. Carrier's Name and Route No. Erick Poston 11001	E. Lunch Place and Time library 1245-1315	

F. Indicate entire or portion of the case shelves covering mail as street auxiliary assistance						G. Keys Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	
1	2	3	4	5	6	H. Carfare Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	
						I. Accountable Mail? Yes <input type="checkbox"/> No <input type="checkbox"/>	

J. Reason For Use of Auxiliary
Auxiliary Assistance open route

K. Estimated Work		L. Management Action. Check and initial all appropriate actions.							
Hours	Minutes	Auxiliary Assistance			Overtime		Hours	Minutes	
1	.30	Approved <input checked="" type="checkbox"/>				.30	Approved <input checked="" type="checkbox"/>	1	00
		Disapproved <input type="checkbox"/>					Disapproved <input type="checkbox"/>		

M. Transportation (If drive-out, show parking location(s) on reverse)

Transportation Mode to and from route: Postal owned: Drive-out: Contract: Public:

N. Starts Delivery at: 1500 west 150th	* Collect mail from all collection boxes on your part of the route, unless instructed otherwise.
Deliver 15400 west 150th	Collection boxes locations:
	1
	2
	3
	4
	5
	6

O. Find Relays At:

1	4
2	5
3	6

P. Assistance Completed By (Carrier Name and regular route number if assigned):

Lance

Office Time		Street Time				Total Auxiliary Time
Begin Time	Time Used	Begin Travel To	Begin Delivery	Begin Travel From	Travel To Delivery	
End Time		End Travel To	End Delivery	End Travel From	Travel From	

U.S. Postal Service UNDELIVERED MAIL REPORT		
Delivery Unit	Route No.	Date

TO: Delivery and Collection Superintendent
The Following Mail Distributed To Me For Delivery Was Left In The Office Or Returned Undelivered.
<i>NOTE: If mail left undelivered by carrier is later delivered on the same day, the manager should explain the action taken.</i>

	Preferential	Other
Letters		
Newspapers		
Magazines		
Flats		
Samples		
Other Pieces		

For Use By Parcel Post Carrier Only	
Parcel Post Distributed To Me For Delivery Was Left In The Office Or Returned Undelivered.	
Sacks	Outside Pieces

<i>Remarks: (Reasons for nondelivery. Report of trips omitted or curtailed. Note any other matter of which record should be made.)</i>			
Reg.	Tech or Util.	Part Time	Signature
Action Taken (Manager)			
Manager's Signature			Date

THIS IS A 2013* VERSION OF A FORM 3849

UNITED STATES POSTAL SERVICE®		Today's Date	Sender's Name
Sorry We Missed You! We ^{Re}Deliver for You			
Item is at:	Available for Pick-up After	For Redelivery Go to usps.com/redelivery OR see reverse.	
<input type="checkbox"/> Post Office (See Local)	Date		
<input type="checkbox"/> Letter	For Delivery: (Enter total number of items delivered by service type.)	If checked, you or your agent must be present at time of delivery to sign for item.	
<input type="checkbox"/> Large envelope, magazine, booklet, etc.	For Notice Left: (Check applicable item)	USPS Tracking # or Article Number(s)	
	<input type="checkbox"/> Priority Mail	<input type="checkbox"/> Insured Mail	
	<input type="checkbox"/> Express™		
<input type="checkbox"/> Parcel	<input type="checkbox"/> Certified Mail™	<input type="checkbox"/> Return Receipt for Merchandise.	
	(Must claim within 15 days or price will be refunded)		
<input type="checkbox"/> Perishable Item	<input type="checkbox"/> Adult Signature		
<input type="checkbox"/> Other:	<input type="checkbox"/> Restricted Delivery	Notice Left Section Customer Name and Address	
	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Signature Confirmation	
Article Requiring Payment	Amount Due		
Postage Due <input type="checkbox"/> COD <input type="checkbox"/> Customs	\$		
Final Notice: Article will be returned to sender on		Delivered By and Date	
PS Form 3849, July 2013		usps.com	Delivery Notice/Reminder/Receipt

We will redeliver OR you or your agent can pick up your mail at the Post Office. (Bring this form and (a) paper if you or your agent will pick up, sign below in item 2, and enter agent's name there.)

1. Check all that apply in section 2.
 Sign in section 2 below.
 Leave this notice where the carrier can see it.

2. Sign here to authorize redelivery or to authorize an agent to sign for you.

3. Redeliver (Enter day of week).

4. If a local redelivery day for your area is not listed, please check the "Other" box below.

Leave item at my address (postmark will be placed on the envelope)

(Sign only where the name of the article is in the "Other" box. This option is not available if box is checked on the front, requiring your signature at time of delivery.)

Refused Forward Return

PS Form 3849, July 2013 (Reverse)

Delivery Section	
Signature	X
Printed Name	
Delivery Address	
USPS	

*BE AWARE THAT OLDER VERSIONS MAY STILL BE IN CIRCULATION.
 MARK YOUR FORMS APPROPRIATELY, NO MATTER WHAT VERSION YOU HAVE.

