



Please read instructions on reverse of form before entering data on the front of the form.

# Postmaster Relief/Leave Replacement Employment Data

Dear

I am extending to you this offer of employment with the United States Postal Service™ as a Postmaster Relief/Leave Replacement under the following terms and conditions:

- Your duties will involve transacting Postal Service™ business with the public, safeguarding Postal Service property and inventory, and other associated duties identified by the postmaster.

Up to 10 hours of training to perform the assigned duties will be provided, if necessary.

- During the training and when you are assigned to duties of a Postmaster Relief/Leave Replacement, you will be paid at the rate of \$ \_\_\_\_\_ per hour, with appropriate deductions for federal and state taxes and FICA contributions. Working as a Postmaster Relief/Leave Replacement does not afford career status in the Postal Service. In addition, benefits such as participation in the federal retirement system, sick leave, and annual leave are not available.
- With the exception of days in which the postmaster cannot work due to unforeseen circumstances such as illness, the postmaster will identify in advance the days and times your services will be required. In unforeseeable situations, you will be notified as soon as possible to determine your availability for work. (In the situations in which you work 2 or more consecutive days, your employment period will coincide with the duration of the postmaster's leave. In those instances in which you work a single day, the duration of employment will be for the hours worked).

Please accept this offer by signing in the designated box below, return this form after you have completed items 1 through 5.

**The applicant must read the Privacy Act statement on the reverse of this form before signing.**

Applicant Signature and Date	Postmaster Signature and Date
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### Applicant/Employee Information

1. Name (Last, first, MI)		4. Applicant Address (Number, street, suite, apt., P.O. Box, etc.)		
2. Date of Birth (MM/DD/YYYY)	3. Social Security No./Employee ID	4a. City	4b. State	4c. ZIP+4®

5. (a) Are you a male born after December 31, 1959, AND at least 18 years of age?  Yes  No
- (b) If your answer to "a" is "Yes," do you certify that you are registered with the Selective Service System?  Yes  No
- (c) If your answer to "a" is "No," are you under 18 years of age and do you understand that you are required to register when you reach 18?  Yes  No
- (d) If your answer to "b" is "No," has the Selective Service System determined that you are exempt from the registration provisions of Selective Service law and have you submitted proof of exemption?  Yes  No

### Completed by Postmaster

6. Employing Post Office™	6b. City	6c. State	6d. ZIP+4
6a. Post Office Address (Number, street, suite, apt., P.O. Box, etc.)		7. Finance No.	

8. Postmaster check the appropriate box and enter the effective date:  ESTABLISH  TERMINATE  RECORD CHANGE  
(MM/DD/YYYY)

### 9. Check Level of Post Office — Postmaster Relief/Leave Replacements (PMR); Des-Act 58-0

Check	Post Office Level	Occupation Code	Rate Schedule Code	Level of Postmaster Relief Replacement	Check	Post Office Level	Occupation Code	Rate Schedule Code	Level of Postmaster Relief Replacement
	A	2305-0040	L	51		11	2305-6111	L	09
	B	2305-0041	L	52		13	2305-6113	L	11
	C	2305-0042	L	53		15	2305-6115	L	13
	D	2305-0044	L	54		16	2305-0073	L	14
	E	2305-6100	L	55					

10. Hourly Rate	11. Last Employment Date	13. Remarks
12. Unemployment Compensation Code*		
<b>District Approval</b>		
14a. District	14b. Signature and Title	14c. Date

---

## INSTRUCTIONS

This form provides employment documentation for establishing and terminating Postmaster Relief/Leave Replacements (PMR/LRs) at EAS-A through EAS-16 offices and is used to process changes to the record.

### Establishments

1. The postmaster initiates an offer for a prospective PMR/LR by preparing and signing the offer.
2. If reemployment is being offered to a Postal Service annuitant on an emergency basis without offset of pay or annuity, contact the district office for rate of pay. Note in item 13 that applicant will be a reemployed annuitant. A reemployed annuitant PMR/LR must have a 6-day break after 180 days worked in a calendar year or 359 days, whichever comes first. The following forms, available in Handbook EL-312, Appendix D, must be completed for a Postal Service annuitant:
  - a. Annuitant's Dual Compensation Waiver Statement (Sample Letter D-1).
  - b. Notice to RA of Effect of Special Reemployment Status on Retirement and Insurance (Sample Letter D-2).
  - c. Notice to OPM of Reemployment of Annuitant (Sample Letter D-3).
3. Offers can be either mailed or extended after a personal interview.
4. Following acceptance of the offer the postmaster must ensure that the applicant's information is correctly entered on the form in items 1 through 4c. The postmaster ascertains that the applicant has replied to the Selective Service questions in item 5.
5. Next, the postmaster completes items 6 through 13 on the form and submits it to the district office along with other appropriate forms for approval and processing.
6. The district office reviews the entire form for completeness and accuracy. The district office files the form in the employee's OPF once it is approved and processed for employment.

### Information Changes

The postmaster uses this form to process pertinent record changes. In addition to the data being changed, complete items 1 through 4c. In item 13, indicate the change being made then forward the completed form to the district office for approval and processing.

### Terminations

1. The postmaster uses this form when ending PMR/LR employment.
2. The postmaster completes items 1 through 4, 6 through 8, and 11(last day worked) then submits the completed form to the district office for processing.

### Privacy Act Statement:

Your information will be used for consideration of employment. Collection is authorized by 39 U.S.C. 401, 410, 1001, and 1005.

Providing the information is voluntary, but if it is not provided, you may not receive full consideration. We may only disclose your information as follows: in relevant legal proceedings; to law enforcement when the USPS® or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local, or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; and to the Merit Systems Protection Board or Office of Special Counsel. For more information regarding our privacy policy visit us at [www.usps.com](http://www.usps.com)®.



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# Postmaster Relief/Leave Replacement Employment Data

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I am extending to you this offer of employment with the United States Postal Service™ as a Postmaster Relief/Leave Replacement under the following terms and conditions:

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Up to 10 hours of training to perform the assigned duties will be provided, if necessary.

- During the training and when you are assigned to duties of a Postmaster Relief/Leave Replacement, you will be paid at the rate of \$ \_\_\_\_\_ per hour, with appropriate deductions for federal and state taxes and FICA contributions. Working as a Postmaster Relief/Leave Replacement does not afford career status in the Postal Service. In addition, benefits such as participation in the federal retirement system, sick leave, and annual leave are not available.
- With the exception of days in which the postmaster cannot work due to unforeseen circumstances such as illness, the postmaster will identify in advance the days and times your services will be required. In unforeseeable situations, you will be notified as soon as possible to determine your availability for work. (In the situations in which you work 2 or more consecutive days, your employment period will coincide with the duration of the postmaster's leave. In those instances in which you work a single day, the duration of employment will be for the hours worked).

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Applicant Signature and Date	Postmaster Signature and Date
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### Applicant/Employee Information

1. Name (Last, first, MI)		4. Applicant Address (Number, street, suite, apt., P.O. Box, etc.)		
2. Date of Birth (MM/DD/YYYY)	3. Social Security No./Employee ID	4a. City	4b. State	4c. ZIP+4®

5. (a) Are you a male born after December 31, 1959, AND at least 18 years of age?  Yes  No
- (b) If your answer to "a" is "Yes," do you certify that you are registered with the Selective Service System?  Yes  No
- (c) If your answer to "a" is "No," are you under 18 years of age and do you understand that you are required to register when you reach 18?  Yes  No
- (d) If your answer to "b" is "No," has the Selective Service System determined that you are exempt from the registration provisions of Selective Service law and have you submitted proof of exemption?  Yes  No

### Completed by Postmaster

6. Employing Post Office™	6b. City	6c. State	6d. ZIP+4
6a. Post Office Address (Number, street, suite, apt., P.O. Box, etc.)		7. Finance No.	

8. Postmaster check the appropriate box and enter the effective date:  ESTABLISH  TERMINATE  RECORD CHANGE  
(MM/DD/YYYY)

### 9. Check Level of Post Office — Postmaster Relief/Leave Replacements (PMR); Des-Act 58-0

Check	Post Office Level	Occupation Code	Rate Schedule Code	Level of Postmaster Relief Replacement	Check	Post Office Level	Occupation Code	Rate Schedule Code	Level of Postmaster Relief Replacement
	A	2305-0040	L	51		11	2305-6111	L	09
	B	2305-0041	L	52		13	2305-6113	L	11
	C	2305-0042	L	53		15	2305-6115	L	13
	D	2305-0044	L	54		16	2305-0073	L	14
	E	2305-6100	L	55					

10. Hourly Rate	11. Last Employment Date	13. Remarks
12. Unemployment Compensation Code*		
<b>District Approval</b>		
14a. District	14b. Signature and Title	14c. Date

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## INSTRUCTIONS

This form provides employment documentation for establishing and terminating Postmaster Relief/Leave Replacements (PMR/LRs) at EAS-A through EAS-16 offices and is used to process changes to the record.

### Establishments

1. The postmaster initiates an offer for a prospective PMR/LR by preparing and signing the offer.
2. If reemployment is being offered to a Postal Service annuitant on an emergency basis without offset of pay or annuity, contact the district office for rate of pay. Note in item 13 that applicant will be a reemployed annuitant. A reemployed annuitant PMR/LR must have a 6-day break after 180 days worked in a calendar year or 359 days, whichever comes first. The following forms, available in Handbook EL-312, Appendix D, must be completed for a Postal Service annuitant:
  - a. Annuitant's Dual Compensation Waiver Statement (Sample Letter D-1).
  - b. Notice to RA of Effect of Special Reemployment Status on Retirement and Insurance (Sample Letter D-2).
  - c. Notice to OPM of Reemployment of Annuitant (Sample Letter D-3).
3. Offers can be either mailed or extended after a personal interview.
4. Following acceptance of the offer the postmaster must ensure that the applicant's information is correctly entered on the form in items 1 through 4c. The postmaster ascertains that the applicant has replied to the Selective Service questions in item 5.
5. Next, the postmaster completes items 6 through 13 on the form and submits it to the district office along with other appropriate forms for approval and processing.
6. The district office reviews the entire form for completeness and accuracy. The district office files the form in the employee's OPF once it is approved and processed for employment.

### Information Changes

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### Terminations

1. The postmaster uses this form when ending PMR/LR employment.
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Providing the information is voluntary, but if it is not provided, you may not receive full consideration. We may only disclose your information as follows: in relevant legal proceedings; to law enforcement when the USPS® or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local, or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; and to the Merit Systems Protection Board or Office of Special Counsel. For more information regarding our privacy policy visit us at [www.usps.com](http://www.usps.com)®.



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# Postmaster Relief/Leave Replacement Employment Data

Dear

I am extending to you this offer of employment with the United States Postal Service™ as a Postmaster Relief/Leave Replacement under the following terms and conditions:

- Your duties will involve transacting Postal Service™ business with the public, safeguarding Postal Service property and inventory, and other associated duties identified by the postmaster.

Up to 10 hours of training to perform the assigned duties will be provided, if necessary.

- During the training and when you are assigned to duties of a Postmaster Relief/Leave Replacement, you will be paid at the rate of \$ \_\_\_\_\_ per hour, with appropriate deductions for federal and state taxes and FICA contributions. Working as a Postmaster Relief/Leave Replacement does not afford career status in the Postal Service. In addition, benefits such as participation in the federal retirement system, sick leave, and annual leave are not available.
- With the exception of days in which the postmaster cannot work due to unforeseen circumstances such as illness, the postmaster will identify in advance the days and times your services will be required. In unforeseeable situations, you will be notified as soon as possible to determine your availability for work. (In the situations in which you work 2 or more consecutive days, your employment period will coincide with the duration of the postmaster's leave. In those instances in which you work a single day, the duration of employment will be for the hours worked).

Please accept this offer by signing in the designated box below, return this form after you have completed items 1 through 5.

**The applicant must read the Privacy Act statement on the reverse of this form before signing.**

Applicant Signature and Date	Postmaster Signature and Date
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**Applicant/Employee Information**

1. Name (Last, first, MI)	4. Applicant Address (Number, street, suite, apt., P.O. Box, etc.)
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2. Date of Birth (MM/DD/YYYY)	3. Social Security No./Employee ID	4a. City	4b. State	4c. ZIP+4®
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5. (a) Are you a male born after December 31, 1959, AND at least 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) If your answer to "a" is "Yes," do you certify that you are registered with the Selective Service System?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) If your answer to "a" is "No," are you under 18 years of age and do you understand that you are required to register when you reach 18?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) If your answer to "b" is "No," has the Selective Service System determined that you are exempt from the registration provisions of Selective Service law and have you submitted proof of exemption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Completed by Postmaster**

6. Employing Post Office™	6b. City	6c. State	6d. ZIP+4
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6a. Post Office Address (Number, street, suite, apt., P.O. Box, etc.)	7. Finance No.
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8. Postmaster check the appropriate box and enter the effective date:  ESTABLISH     TERMINATE     RECORD CHANGE  
 (MM/DD/YYYY)

9. Check Level of Post Office — Postmaster Relief/Leave Replacements (PMR); Des-Act 58-0									
Check	Post Office Level	Occupation Code	Rate Schedule Code	Level of Postmaster Relief Replacement	Check	Post Office Level	Occupation Code	Rate Schedule Code	Level of Postmaster Relief Replacement
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10. Hourly Rate	11. Last Employment Date	13. Remarks
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12. Unemployment Compensation Code*	<b>District Approval</b>	
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14a. District	14b. Signature and Title	14c. Date
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## INSTRUCTIONS

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### Establishments

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(b) If your answer to "a" is "Yes," do you certify that you are registered with the Selective Service System?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
(c) If your answer to "a" is "No," are you under 18 years of age and do you understand that you are required to register when you reach 18?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
(d) If your answer to "b" is "No," has the Selective Service System determined that you are exempt from the registration provisions of Selective Service law and have you submitted proof of exemption?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

### Completed by Postmaster

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6a. Post Office Address (Number, street, suite, apt., P.O. Box, etc.)		7. Finance No.	
8. Postmaster check the appropriate box and enter the effective date: <input type="checkbox"/> ESTABLISH <input type="checkbox"/> TERMINATE <input type="checkbox"/> RECORD CHANGE			
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### 9. Check Level of Post Office — Postmaster Relief/Leave Replacements (PMR); Des-Act 58-0

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<b>District Approval</b>		
14a. District	14b. Signature and Title	14c. Date

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