



Rural Pay or Leave Adjustment Request for PS Form 1314

Date _____

INSTRUCTIONS: Enter the full Social Security Number (SSN) of any carrier whose pay or leave is to be adjusted. For cross-foot purposes, enter only the last 4 digits of the SSN of those carriers whose pay or leave is not to be adjusted.

WK	Actual Weekly Hours	Name of Assigned Carrier						Finance Number	Training Hours	COP Hours	Social Security Number		Des. Second Trip	Route No. Route Dev.	Route No. GT Vehicle	FLSA Miles Omitted	Year	PP Xmas Assist Work Hours
		Sat	Mon.	Tues.	Wed.	Thurs.	Fri.				Limited Duty Hours	Relief Hours						
1	Hours 100s																	
2	Hours 100s																	

Des/Act	Name of Relief Carrier	Social Security Number	Week 1 Information						Week 2 Information								
			Actual Weekly Hours	Tr.	NO EM	EM	Second Trip	Whole Miles Dev. Omit	Actual Weekly Hours	Tr.	NO EM	EM	Second Trip	Whole Miles Dev. Omit			
			Hours 100s														
			Hours 100s														
			Hours 100s														
			Hours 100s														
			Hours 100s														
			Hours 100s														
			Hours 100s														
			Hours 100s														
			Hours 100s														

Remarks (Required)

Issuing Office Mailing Address	Employee's Signature and Date Authorizer's Printed Name Authorizer's Telephone Number (Include area code)
--------------------------------	---

Processed (PP/Year)	Adj./Reason Code	Processed By	Authorizer's Signature and Date
---------------------	------------------	--------------	---------------------------------

Emergency Salary Advance Authorization and Receipt – AIC 554 Only (Salary Check Substantially Less Than Net Amount Due – Excludes EMA)				
Name	SSN	DES	PP	Yr
			Amount of Advance for PP	

I hereby certify that I have received a salary advance of the stated amount. I authorize the USPS® to recover this amount upon receipt of the missing check or in the calculation of the salary check that reflects the appropriate adjustment, or subsequent salary checks, as required, to satisfy this debt.

Employee Signature and Date	Issuing Unit Number (10 digits) _____
	Date of Issue

Privacy Act Statement: Your information will be used to administer your compensation and payroll request. Collection is authorized by 39 USC 401, 409, 410, 1001, 1003, 1004, 1005, and 1206; and 29 U.S.C. 2601 et seq.

Providing the information is voluntary, but if not provided, we may not process your request. 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.
