



Rural Pay or Leave Adjustment Request for PS Form 1314-A

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					Social Security Number				Des/Act	Route No.		FLSA	Year	PP	
		Hours	Tr	Miles	GT	Sat.	Mon.	Tue.	Wed.	Thur.	Fri.	Training Hours	Second Trip	Annual	Sick	Other	COP	Donate	Mil Lv	Work Days	Xmas Assist	
1	Hours 100s																					
2	Hours 100s																					
											Week 1 Information					Week 2 Information						
Des/Act	Name of Relief Carrier					Social Security Number					Actual Weekly Hours	Equipment Allowance				Second Trip	Actual Weekly Hours	Equipment Allowance				Second Trip
											Hours 100s	Hours	Tr	Miles	GT		Hours 100s	Hours	Tr	Miles	GT	
											Hours 100s						Hours 100s					
											Hours 100s						Hours 100s					
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											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)
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Processed (PP/Year)	Adj./Reason Code	Processed By	Authorizer's Signature and Date
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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.
