United States Postal Service

Verification of Distribution Performed

1. Year	2. Employee Name *(Last, First, MI)*	3. Social Security No.

4. Scheme	5. Tour

6. VERIFICATION

(Proficiency check not less than once an accounting period for each scheme employee)

DATE OF CHECK	SCHEME PROFICIENCY (√)	NON-SCHEME ACCURACY (√)	NUMBER OF PIECES	% CORRECT	CHECKED BY *(Initials)*	CHECK (√)		REMARKS
						PASS	FAIL	
a	b	c	d	e	f	g	h	i

7. SECOND PROFICIENCY CHECKS

(Two weeks after a scheme proficiency check failure)

FAILURE DATE	DATE OF SECOND CHECK	NUMBER OF PIECES	% CORRECT	SUPERVISOR NAME	CHECK (√)		REMARKS
					PASS	FAIL	
a	b	c	d	e	f	g	h

DATE a	TOTAL DISTRIBUTION TIME b	SUPERVISOR NAME c	DATE a	TOTAL DISTRIBUTION TIME b	SUPERVISOR NAME c

9. SCHEDULED CASE RE-EXAMINATION

a. DATE	b. NUMBER OF PIECES	c. % CORRECT	d. PASS (√)	e. FAIL (√)

f. REMARKS

g. EXAMINER

(1) NAME *(Print or Type)*	(2) SIGNATURE