



Discrepancy of \$100 or More in Financial Responsibility

(Shortage or Overage)

From:	Post Office, State, and ZIP + 4	Branch or Station	CAG
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Employee or Contractor (Name and Title)	Date of Birth	Amount of Accountability
	Social Security Number	

To: POSTAL INSPECTOR IN CHARGE	Examiner (Name and Title)
	Type of Discrepancy (Check One) <input type="checkbox"/> Shortage <input type="checkbox"/> Overage
	Amount \$
	Date Disclosed

Funds (Check All That Apply)
 Replaced by: Cash Check Installment Overage Placed in Trust Funds Not Replaced (Explain under remarks)

Results of Prior Inventories (Show the six prior inventories of credits assigned the same employee or contractor.)

Date of Count	Amount of Credit	Stock	Cash	Overage or Shortage	Adjustment Date

Does the employing office have any knowledge of employee's financial difficulties?
 Yes No (If "Yes," explain)

Are any of the shortages or overages unresolved? Yes No
 If so, how are these amounts being carried in the Postal Account?
 Trust Fund AIC 080 \$ _____ Suspend Account AIC 814 \$ _____

In the judgment of the PM/Supervisor or PSE is the protective equipment assigned adequate? Yes No

Has written demand been made on the employee by management to replace shortage? Yes No

Is the employee in a regularly assigned bid position or on detail to the position? Yes No

In shortage cases, indicate the nature of any adjustment made between employees.

Have there been other significant shortages (\$100 or more) for accountability assigned to other employees in this unit in the past 12 months?
 Yes No (If "Yes," include dates and amounts in Remarks.)

Remarks

Signature (Name and title of postmaster or designated official)	Date Submitted
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Note: This form is not to replace telephone or telegraphic report required by Administrative Support Manual, Section 220.



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