

**I. Employee's Request**

1. To: \_\_\_\_\_  
(Supervisor's name)
  
2. I, \_\_\_\_\_, \_\_\_\_\_,  
(Employee's name) (Employee's Social Security number)  
request to engage in scheme study, training, testing, and qualifying
  
3. at the \_\_\_\_\_ PEDC,  
(City)
  
4. from \_\_\_\_\_  a.m.  p.m. until \_\_\_\_\_  a.m.  p.m., commencing on \_\_\_\_\_.  
(Hour) (Hour) (Month/day/year)
  
5. I am employed at \_\_\_\_\_, where my regular tour is  
(Duty station and/or Post office)
  
6. from \_\_\_\_\_  a.m.  p.m. to \_\_\_\_\_  a.m.  p.m.,  
(Hour tour begins) (Hour tour ends)
  
7. and my days off are \_\_\_\_\_ and \_\_\_\_\_.  
(Day of week) (Day of week)
  
8. I have elected the \_\_\_\_\_ alternative.  
(Annual leave or Hours outside of schedule)
  
9. I understand I am allowed \_\_\_\_\_ hours for scheme study which must be completed within the  
(Number) deferment period.
  
10. I have read and I understand all the provisions of the Privacy Act Statement as found on the reverse side of this memorandum (Part III).

\_\_\_\_\_  
(Employee's Signature)\_\_\_\_\_  
(Date)**II. Supervisor's Authorization**

1. I agree with the study time periods requested above; and if the annual leave alternative is elected, I certify the availability of sufficient annual leave; and if compensable travel is involved, I authorize

\_\_\_\_\_ travel time for each training session.  
(Number of hours and/or minutes)

2. \_\_\_\_\_  
(Supervisor's signature)

\_\_\_\_\_  
(Date)

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### III. Privacy Act Statement

The collection of this information is authorized by 39 USC 401 and 1003. This information will be used to compensate employees who bid for and complete scheme study, training, testing, and qualifying.

As a routine use, this information may be disclosed to a congressional office at your request; to OMB for review of private relief legislation; to a labor organization as required by the NLRA; where pertinent, in a legal proceeding to which the USPS is a party; to an appropriate law enforcement agency for investigative or prosecutorial purposes; to a government agency where relevant to a hiring, contracting, or licensing decision by the requesting agency; to a government agency in order to elicit information relevant to a hiring, contracting, or licensing decision by the USPS; to an expert or consultant under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the EEOC for investigating a formal EEO complaint filed against the USPS under 29 CFR 1613; to the Merit Systems Protection Board or Office of Special Counsel for proceedings involving possible prohibited personnel practices; to an independent certified public accountant during an official audit of USPS finances; to agencies having taxing authority for taxing purposes; to financial organizations receiving allotments; to OPM, SSA, VA, OWCP, insurance carriers, plans, or other program management agencies or systems for use in determining or processing a claim for health, life insurance, retirement, or other program benefits under such system; to OPM for its active employee/annuitant data system used to analyze federal retirement and insurance costs; and to federal, state, or local governments administering benefit or other programs to conduct a computer match to verify eligibility, indebtedness, or compliance with requirements of the program. Completion of this form is voluntary. However, if this information is not provided, scheme training may not be granted.