

U.S. Postal Service  
**DELIVERY INSTRUCTIONS**

Name of Employee			ID No.		Delivery Unit		
Vehicle Make		Vehicle Capacity	Vehicle No.	Reference Volume AM _____ PM _____ Total _____		Assignment No.	
Date Appointed		Date Assigned to Route		<b>Delivery Method(s)</b>		<b>Type of Route</b>	
				<input type="checkbox"/> Foot <input type="checkbox"/> Mounted <input type="checkbox"/> Park and Loop <input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> Business <input type="checkbox"/> Residential <input type="checkbox"/> Mixed	
No. of Trips	Name of Replacement <sup>3</sup>			Relay <input type="checkbox"/> Boxes	<b>Location of</b> <input type="checkbox"/> Park & Loop Stops		Arrival Time <sup>1</sup> Daily    Sat.
Location of Collection Points in Order of Collection		Street Corner	Arrival Time <sup>1</sup> Daily    Sat.			Arrival Time <sup>1</sup> Daily    Sat.	Possible Deliveries Per Relay, Loop, Swing, etc.
							1)    2)
							3)    4)

Schedule	Time	<b>Trip 1</b>		<b>Trip 2</b>		<b>Lines of Travel (Use reverse, if necessary)</b>			
		Daily	Sat.	Daily	Sat.	Office to Route Via	Route to Lunch Via		
	Begin					Streets Used			
	Leave							Lunch to Route Via	Route to Office Via
	Return							<b>Authorized Lunch Period</b>	
End					From	To			

Transportation	Public Trans.	<b>Location</b>		Location where authorized to leave route for lunch	
		Board	Leave		
	1	Leave			<b>Location of Authorized Lunch Location(s)<sup>2</sup></b>
		Return			
2	Leave				
	Return				

Use of Privately-Owned Vehicle Authorized <input type="checkbox"/> Yes <input type="checkbox"/> No		Effective Date of Transportation Agreement (Form 1311)		<b>Approximate Break Location(s)</b>	
				Regular Carrier	Replacement Carrier
<sup>1</sup> Arrival time shown should be earliest on a light day. Use reverse for additional remarks. <sup>2</sup> If one of the following conditions prevail covering travel to and from a suitable lunch location (up to 3 places) carrier will complete: (1) Reimbursed for driving own vehicle. (2) Furnished bus fare or its equivalent. (3) Provided transportation in PS Vehicle. (4) Assigned a PS or Contract Vehicle. (Other carriers may at their option record similar lunch data.) <sup>3</sup> Enter name of regularly assigned replacement (if any). Also complete the replacement's authorized lunch and break location(s).				Approved By (Signature and Date)	
				Title	