1.	PLEASE STATE YOUR NAME AND POSITION WITH TH	E UNITED STATES POSTAL SERVICE.
2.	HOW LONG HAVE YOU BEEN A CITY CARRIER ASSIST	ANT? (CCA)
3.	HOW MANY DAYS DURING A WEEK (SUNDAY-SATUR	RDAY) DO YOU WORK?
4.	ON AVERAGE, HOW MANY HOURS DO YOU WORK P	ER DAY?
5.	WHAT IS YOUR NORMAL START TIME?	
6.	HAVE YOU MISSED OUT ON ANY FUNCTIONS OR OTI YOU WERE FORCED TO WORK OVER 11.5 HOURS IN	
7.	WOULD YOU LIKE TO HAVE TIME OFF FOR ALL THE T 11.5 HOURS IN A SERVICE DAY?	IME YOU ARE FORCED TO WORK BEYOND
INTERV	IEW CONDUCTED BY NALC REPRESENTATIVE	ON