

# Carrier Time Card Analysis

Route No.		Carrier's Name					Period Used					Date					
							From		To								
	Day of Week	Begin	Leave	Office Time AM	Return	Street Time	End	Office Time PM	Total	Overtime Used	Auxiliary Asst.		Transfer Time	Delivery Volume			
Schedule											OFF	STR		Ltr	Flt	Seq	DPS
	Sat																
	Sat																
	Sat																
	Sat																
	Sat																
	Sat																
	Sat																
	Sat																
<b>TOTAL</b>	Days																
Average																	
Comparable Day (Form 1840)								Off. Time Total									
Schedule																	
	Mon																
	Mon																
	Mon																
	Mon																
	Mon																
	Mon																
	Mon																
	Mon																
<b>TOTAL</b>	Days																
Average																	
Comparable Day (Form 1840)								Off. Time Total									
Schedule																	
	Tue																
	Tue																
	Tue																
	Tue																
	Tue																
	Tue																
	Tue																
	Tue																
<b>TOTAL</b>	Days																
Average																	
Comparable Day (Form 1840)								Off. Time Total									

Schedule	Day of Week	Begin	Leave	Office Time PM	Return	Street Time	End	Office Time PM	Total	Overtime Used	Auxiliary Asst.		Transfer Time	Delivery Volume			
											OFF	STR		Ltr	Flt.	Seq	DPS
	Wed																
	Wed																
	Wed																
	Wed																
	Wed																
	Wed																
	Wed																
	Wed																
<b>TOTAL</b>	Days																
Average																	
Comparable Day (Form 1840)								Off. Time Total									
	Schedule																
	Thu																
	Thu																
	Thu																
	Thu																
	Thu																
	Thu																
	Thu																
<b>TOTAL</b>	Days																
Average																	
Comparable Day (Form 1840)								Off. Time Total									
	Schedule																
	Fri																
	Fri																
	Fri																
	Fri																
	Fri																
	Fri																
	Fri																
	Fri																
<b>TOTAL</b>	Days																
Average																	
Comparable Day (Form 1840)								Off. Time Total									

# Instructions

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## General

Select timecards or PSDS Carrier Report Printouts for carriers assigned to each route for a seven-week period prior to the count and inspection week per instructions in Sec. 242.323, Handbook M-39. Do not use weeks during the months of June, July, August, or December. Do not include time of leave replacement carriers. Special Instructions: For carriers serving two trips routes, use a separate Form 1840-B for each trip.

1. Group same day of the week together; all Saturdays, Mondays, Tuesdays, etc., and show the day of the month in the "Day of Week" column.
2. Enter the scheduled begin, return, and end times; the scheduled morning and afternoon office time; the scheduled street time, and the total time above each day of the week.
3. From the timecards or PSDS Carrier Report Printouts, enter the actual begin, leave, return and end times for each day. Only the days the regular carrier served the route are to be recorded on Form 1840-B.
4. Compute and record the morning and afternoon office time, street time, and total time used each day.
5. From Form 3996, enter the approved overtime and auxiliary assistance used each day, as indicated in Item K of the Form, less any travel time.
6. Enter the amount of time used to provide auxiliary assistance to other routes.
7. Enter the appropriate volume count by mail type.
8. Total the morning and afternoon office time, street time, overtime, and auxiliary assistance (office/street) for each day.
9. The eighth week to be recorded is the week following the week of count and inspection. The regular carrier must serve the route at least one day during this week, or the week is not to be recorded. No future weeks are to be used under any conditions.
10. Divide the total for each item by the number of days the assigned carrier worked on each group of Saturdays, Mondays, Tuesdays, etc.
11. From Form 1840, enter the street time, office time (AM & PM combined), total, and auxiliary assistance (office/street) used on the comparable day of the week during the count period. Circle in black the day of inspection total.

## Analysis

Before the count period:

1. Compare the actual time used with the scheduled time to determine whether:
  - a. Carrier adhered to schedules.
  - b. There was excessive late leaving and/or returning.
  - c. There was excessive office time used on return from delivery trip.
  - d. A regular pattern on certain week days has formed to indicate an adjustment in schedule is necessary.
2. Circle in red time entries and totals where irregular practices occurred or schedule was not maintained.

After the count period:

1. Compare average time used on each day during analysis period with the same day during the count.
2. Determine whether office time and street time is more or less for comparable days. If the office time or street time during the count period is more than the analysis period, discuss with the carrier to determine the reason.
  - a. When the time used during the count and inspection period is substantially greater than the analysis period, the supervisor must compare the mail volume for the periods where available.
3. When the supervisor concludes that the time used during week of count and inspection does not truly represent the time required to serve the route as substantiated by the comparative analysis, appropriate corrective action must be taken.

**IMPORTANT:** In making this comparative analysis, be sure all factors are considered. Where the performance during the count period varied from that during the comparative period, include the comments of the carrier's supervisor in the space provided.

From				To	Day of Week	Average Street Time
<b>Random Lot Selection</b>					Saturday	
Random Weeks Beginning <i>(Show Saturday dates for the first seven weeks selected and the date for the first delivery of the eighth week.)</i>					Monday	
Week Number	Year	Month	Date		Tuesday	
1						
2					Wednesday	
3						
4					Thursday	
5						
6					Friday	
7						
8					TOTAL	
					Average Daily Street Time	

Comments

Supervisor's Printed Name	Supervisor's Signature	Date
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