			U.S. POSTAL	SERV	ICE						
		IND	IVIDUAL TRAII	NING F							
OCC Code	Salary Level		Position No.		Position Title(s) CITY LETTER CARRIER						
Employee's Name	Employee's Name			Date Entered on Duty		DES/ACT Code		Social Security Number			
TRAINING REQUIREMENT* Check Tng. Needs		REQUIRED INSTRUCTION GIVEN**		ADDITIONAL TRAINING PROVIDED		Employee's	Supervisor's				
			Administrator's Signature and Date	Tng. Time Used	Administrator's Signature and Date	Tng. Time Used	Signature and Date	Signature and Date	Remarks		
A. POSTAL ORIE	ENTATION										
B. CRAFT BASIC	cs										
C. CRAFT SKILL	S BUILDING										
Driver Orienta	tion										
2. Vehicle Famili	2. Vehicle Familiarization										
Controlled Dri and Certificati											
4. Content/Basic	s										
5. Demonstration/Practice											
6. Service/Deper	ndability										
7. On-the-Job Tr	aining										
8. Service Funda	amentals										
D. CAREER BAS	SICS										
Continued on											
			equirement is not comp estructor should note ur								

	Check	REQUIRED INSTRUCTION GIVEN**		ADDITIONAL TRAINING PROVIDED		Employee's	Supervisor's		
TRAINING REQUIREMENT*	Tng. Needs	Administrator's Signature and Date	Tng. Time	Administrator's Signature and Date	Tng. Time	Employee's Signature and Date	Supervisor's Signature and Date	Remarks	
		and Date	Used	and Date	Used				
**When applicable, instructor should note under "Remarks" that additional training is needed.									